MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07273

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15.

1. PLACE OF DEATH: COUNTY Montgomery. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville Md.; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Angela's Hall

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville Md; STREET ADDRESS (If rural, give location) St. Angelas Hall

3. NAME OF DECEASED (Type or Print): (First) Sister Mary Gracia (Middle) (Last) Andrews

4. DATE OF DEATH: (Month) 7 (Day) 30 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S.

8. DATE OF BIRTH: 1870.

9. AGE last birthday: 80 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nun

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Andrews

14. MOTHER'S MAIDEN NAME: Mary Rose Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171x Immediate cause (a) Carcinoma Cervix

48a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinomatosis

(c)

INTERVAL BETWEEN ONSET AND DEATH: 2 Yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to July, 1950, that I last saw the deceased alive on July 30 1950, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Phillip A. Campbell M.D. ADDRESS #2701 Conn Ave N.W. DATE SIGNED 7/31/50.

23. BURIAL, CREMATION REMOVAL (Specify) | DATE 7/31/50 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, Town, or county) Wash. D.C. (State)

DATE REC'D BY LOCAL REG. 7-31-50 | REGISTRAR'S SIGNATURE Helen Kurosch

24. FUNERAL DIRECTOR Thomas B. Hanlon ADDRESS 641-H ST. N.E.

V689.1

RECEIVED
AUG 1 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

17274

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Somerset; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 412 Surrey Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Somerset; STREET ADDRESS (If rural, give location) 412 Surrey Place

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Matlack (Last) Azpell

4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12 Sept 1888

9. AGE last birthday: 61 yrs. If under 1 year: Months. 10 Days 15 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Purchase & Supply Clerk N.I of Health

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Franklin P.Azpell

14. MOTHER'S MAIDEN NAME: Sallie Jane Matlack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: 412 Surrey Pl. Mrs. Margaret Azpell Somerset, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Myocardial infarction — Interval Between Onset and Death: None

940 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary arteriosclerosis — Interval Between Onset and Death: Unk.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 23, 1950, to July 27, 1950, that I last saw the deceased alive on July 24, 1950, and that death occurred at 1245 A m., from the causes and on the date stated above.

SIGNATURE John A. Risnyk (Degree or title) M.D. ADDRESS 901-20th NW. Wash. D.C. DATE SIGNED 7-27-50

23. BURIAL, CREMATION, REMOVAL (Specify) DATE July 29/50 NAME OF CEMETERY OR CREMATORY National Memorial Park LOCATION (City, town, or county) Falls Church, (State) Va.

DATE REC'D BY LOCAL REG. 7-29-50. REGISTRAR'S SIGNATURE Helen Kurovski

24. FUNERAL DIRECTOR Robert A Pumphrey ADDRESS Bethesda, Md.

226-97

RECEIVED
AUG 1 1950
BUREAU T. S

07275

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2-18

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS: A15A

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Etchison md — LENGTH OF STAY (in this place): 2 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Etchison md
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Leland	G.	Baker	July	23	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	April 4 1935	15 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	West Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Grover Wirt Baker	Bessie M Canfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
—	—	Grover Wirt Baker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
817.5 Immediate cause	(a) Fracture of cervical vertebrae with injury to cord	sudden death
170c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture of left hip

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: highway	(CITY OR TOWN): Mr. Etchison	(COUNTY): Monty	(STATE): md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at Work ☒	HOW DID INJURY OCCUR?
July 23 50 8.20 A m.		Riding bicycle which struck truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: noturol causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Bronstant	M.D.	Gaithersburg md	7-23-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 25 1950	Barnstown md	Montgomery Co md	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/25/50	Grace D Bell	Roy W. Barber	Gaithersburg

RECEIVED
JUL 27 1960
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07276

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS SUBURBAN HOSPITAL 8600 OLD GEORGETOWN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 6420 Western Ave.

3. NAME OF DECEASED (Type or Print): (First) CAROLINE (Middle) E (Last) BEALL

4. DATE OF DEATH: (Month) JULY (Day) 30 (Year) 1950

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 6-20-'67

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Ellington Iowa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Colburn

14. MOTHER'S MAIDEN NAME: E. Heckart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS (chart)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — 4 yrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Malignancy Lymphosarcoma — 5 Days

(c)

430.0

93d

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 49 to Jul 50, that I last saw the deceased alive on Jul 29, 1950, and that death occurred at 335 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Leo L Sowers MD 6016 Greenwood Pl Bethesda Md 7/30/50

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE: 7-31-50

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State): Wash. D.C.

DATE REC'D BY LOCAL REG. 7-31-50

REGISTRAR'S SIGNATURE Helen Kurzeck

24. FUNERAL DIRECTOR THE S.H. HINES CO. ADDRESS 2901 14TH ST N.W. WASH. DC.

VS. A15

RECEIVED
AUG 1 1950
BUREAU V. S.

07277

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 8 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 908 Flower Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) (Unnamed) Beatty
4. DATE OF DEATH (Month) (Day) (Year) July 9 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH July 9 '50
9. AGE last birthday yrs. If under 1 year Months. Days If under 24 hrs. Hours 8 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Richard Morton Beatty
14. MOTHER'S MAIDEN NAME Sally Ann Linehan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Record - Wash San & Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity

761.5 Antecedent cause(s)

160c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Premature Rupture of Membranes at 7 mo.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6:50 am 7-9, 1950, to 3:15 P.M. 7-9, 1950, that I last saw the deceased alive on 7-9, 1950, and that death occurred at 3:05 p.m., from the causes and on the date stated above.

SIGNATURE N. Lucius (Degree or title) M.D. ADDRESS 9601 Georgia Ave Silver Spring, Md DATE SIGNED 7/9/50

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE 7-10-50
NAME OF CEMETERY OR CREMATORY Washington Sanitarium & Hospital
LOCATION (City, town, or county) (State) Takoma Park, Montg. Md

DATE REC'D BY LOCAL REG. 7/10/50.
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR WASH. SAN. & HOSP. ADDRESS TAKOMA PARK, MD.

Written permission received from both parents, W.H. Hyatt, Medical Record Librarian

207-09-0-25-1-31-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 11 1950
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07278

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda | LENGTH OF STAY (in this place) 4 mon.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rogers Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 353 Willard Ave.

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) A. (Last) Bechtel

4. DATE OF DEATH: (Month) July (Day) 11, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 23 Oct. 1867

9. AGE last birthday: 82 yrs. | If under 1 year: Months. 8 | Days 18 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret.-College Professor

10b. KIND OF BUSINESS OR INDUSTRY: Educational

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George K. Bechtel

14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Geo. Bechtel- 353 Willard Ave. Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiovascular - renal disease — Interval between onset and death: 1 yr. +

4427 Antecedent cause(s)
1310 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Mar. 4, 1950, to July 11, 1950, that I last saw the deceased alive on July 7, 1950, and that death occurred at 7:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Karl Gotthach M.D. 3130 Wisc. Ave. Wash. D.C. 7/11/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: July 14 1950 | NAME OF CEMETERY OR CREMATORY: West Gatlinghurg | LOCATION (City, town, or county) (State): Colora, Md.

DATE REC'D BY LOCAL REG. 7-12-50 | REGISTRAR'S SIGNATURE: Helen Kurrack | 24. FUNERAL DIRECTOR: J. E. Tyson | ADDRESS: Rising Sun Md.

V1091

RECEIVED
JUL 14 1950
BUREAU V. S.

07279

214

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. #8278

M.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cedarcroft Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 511-Mst. sw D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wash. D.C.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Nellie (Middle) Catherine (Last) Bell

4. DATE OF DEATH (Month) July (Day) 2 (Year) 1950

5. SEX F.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Aug. 29-1885
9. AGE last birthday 64 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Wm Henry Mangum
14. MOTHER'S MAIDEN NAME Nellie Rosalie Boyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Sister Anna R. Dougherty

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

151x

Antecedent cause(s)

46 b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Exhaustion

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION May 1950
19b. MAJOR FINDINGS OF OPERATION Carcinoma with Metastasis
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 28, 1950, to July 2, 1950, that I last saw the deceased alive on July 2, 1950, and that death occurred at 9:15 P. m., from the causes and on the date stated above.

SIGNATURE Richard B. Thibadeau M.D. (Degree or title) ADDRESS Cedarcroft Sanitarium Sil. Sp. Md. DATE SIGNED 7-50

23. BURIAL, CREMATION REMOVAL (Specify) DATE NAME OF CEMETERY OR CREMATORY Removal to Wash. D.C. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. July 3/50 REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR J. Wm Lee's Sons Co ADDRESS 300 4th St. N.E. Wash, D.C.

RECEIVED
JUL 5 1950
BUREAU OF

Microfilmed from original certificate
Film No. G 128 Oct. 23, 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07280

CERTIFICATE OF DEATH

Reg. Dist. No. 216

M

I

T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8600 Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 9602 Warren Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Frances		Benedict	July	15	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Single	May 14, 1913	37 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home Economist	Government	Forest Glen, Md.	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
J. B. Benedict, Jr.	Frances Burket

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mrs. Frances B. Benedict

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

170 Immediate cause (a) Carcinomatosis — 4-6 mos.

50 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Breast — 2 yrs.

(c) Fracture left Hip

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5-29-50	Fracture left Hip. pathological	Yes ☒ No ☐

21. ACCIDENT (Specify) ~~SUICIDE~~ HOMICIDE 5/27/50	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 7, 1950, to July 15, 1950, that I last saw the deceased alive on July 13, 1950, and that death occurred at 10:05 am., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Edwin P. Mitchell M.D.	1302 18th St NW Washington DC	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Cremation	7-7-50	Ft. Lincoln Crematory	Prince George	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/16/50	Helen Kurvack	Warner B. Humphrey, Inc. Per T. B. Hunter	

J

49697

07281

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SUBURBAN HOSPITAL 8600 OLD GEORGETOWN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wash. D. C.
STREET ADDRESS (If rural, give location): 6003 - 34th Place N.W.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Paul (Last) Bills, Jr
4. DATE OF DEATH: (Month) July (Day) 14 (Year) 1950

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: 2-11-33
9. AGE last birthday: 17 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): D.C.
12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: John Paul Bills Sr.
14. MOTHER'S MAIDEN NAME: Aurelia F. Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

754.2 Immediate cause (a) CONGENITAL HEART DISEASE - INTERVENTRICULAR SEPTAL DEFECT — 17 years

Antecedent cause(s)

157.2 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8, 1950, to July 14, 1950, that I last saw the deceased alive on July 14, 1950, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

DeWitt E. DeSautter M.D. 7325 ABERDEEN Rd. Bethesda 14, Md. 7/14/50

23. BURIAL, CREMATION REMOVAL (Specify): burial | DATE: 7/17/50 | NAME OF CEMETERY OR CREMATORY: Ebenezer Cemetery | LOCATION (City, town, or county) (State): Loudoun County, Va.

DATE REC'D BY LOCAL REG. 7-17-50 | REGISTRAR'S SIGNATURE: Helen Kenworthy

24. FUNERAL DIRECTOR | ADDRESS: The L. N. Hines Co. 2901 - 14th St. N.W. D.C.

VS-A15

RECEIVED
JUL 10 1950
BUREAU OF

07282

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 201 W. Montg. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 201 W. Montg. Ave.

3. NAME OF DECEASED (Type or Print): (First) FREDERICK (Middle) (NMI) (Last) BLASENBREY
4. DATE OF DEATH: (Month) July (Day) 27, (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 18 Aug/ 1869
9. AGE last birthday: 80 yrs. — If under 1 year: Months 11 Days 9 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret- Sugar Broker
10b. KIND OF BUSINESS OR INDUSTRY: Brokerage
11. BIRTHPLACE (State or foreign country): New York City, N.Y.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Blasenbrey
14. MOTHER'S MAIDEN NAME: Mary Deady

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs Eleanor Baumel 201 W. Montg. Ave. Rockville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary Thrombosis — Immediate

940 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Arteriosclerosis

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 27, 1950, to July 27, 1950, that I last saw the deceased alive on ....., 19....., and that death occurred at 1:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
John Robert Shell M.D. 211 W. Montgomery Ave. Rockville, Md. 7/27/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 30 July 1950 — NAME OF CEMETERY OR CREMATORY: Darnestown Presbyterian Church Cem. — LOCATION (City, town, or county) (State): Darnestown, Md.

DATE REC'D BY LOCAL REG. 7/1/50 — REGISTRAR'S SIGNATURE: Peggy U. Veazey — FUNERAL DIRECTOR: Robert L. Humphrey — ADDRESS: Bethesda, Md.

15660

VS. A15

RECEIVED
AUG 2 1950
BUREAU V. S

07283

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md.
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON SAN. and HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park Md.
STREET ADDRESS (If rural, give location) 106 5th Ave.

3. NAME OF DECEASED (Type or Print) (First) DOROTHY (Middle) ELEANOR (Last) BONIFANT

4. DATE OF DEATH (Month) July (Day) 19 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 11-6-23
9. AGE last birthday 26 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Dan Lome
11. BIRTHPLACE (State or foreign country) Sandy Springs Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Robert Brook Leizear
14. MOTHER'S MAIDEN NAME Ellen Eladen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Melvin Bonifant (Husband) 106 5th Ave. Takoma Pk Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	4 days
592 Antecedent cause(s)	(b) Pulmonary Embolism	9 days
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) chronic glomerulo nephritis c̄ hypertension	years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Congestive failure	9 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 July, 1950, to 19 July, 1950, that I last saw the deceased alive on 19 July, 1950, and that death occurred at 3 54 P.m., from the causes and on the date stated above.

SIGNATURE Ernest A. Darao M.D. (Degree or title) ADDRESS 6711 New Hampshire Ave Takoma Park Md DATE SIGNED 19 July 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE July 22, 1950 NAME OF CEMETERY OR CREMATORY Rock Creek LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. 7/21/50 REGISTRAR'S SIGNATURE Amanda Downey
7/22/50 J. Milton Dodd

24. FUNERAL DIRECTOR E. Gasch's Sons ADDRESS Hyattsville Md

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JUL 26 1939
BUREAU V. M.

07284

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 5 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY Fairfax
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Falls Church
STREET ADDRESS (If rural, give location) 1214 South Washington, Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Einar	(none)	BOYDLER	July	7,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	March 10, 1880	70 yrs.	03	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): US Naval Officer
10b. KIND OF BUSINESS OR INDUSTRY: Armed Forces
11. BIRTHPLACE (State or foreign country): Norway
12. CITIZEN OF WHAT COUNTRY? US(N)

13. FATHER'S NAME: Johan BOYDLER
14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) SpAmer WW I
16. SOCIAL SECURITY NO. - - -
17. INFORMANT AND ADDRESS: Wife: Hattie BOYDLER

18. MEDICAL CERTIFICATION Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 **Immediate cause** (a) THROMBOSIS: SUPERIOR MESENTERIC ARTERY WITH INFARCTION OF JEJUNEM — Interval between onset and death: 20 HRS

99 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCLEROSIS, GENERALIZED

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1950, to July 7, 1950, that I last saw the deceased alive on July 7, 1950, and that death occurred at 6:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
G. F. BURGESS, Jr. LTJG, MCR, USNR U. S. NAVAL HOSPITAL, BETH., MD. July 7, 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 11, 1950	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG. July 7, 1950
REGISTRAR'S SIGNATURE Edith WHITTINGTON
24. FUNERAL DIRECTOR ADDRESS: Joseph Gawler's Sons, 1756 Pennsylvania Avenue, NW, Washington, D. C.

VS. A15

11296

RECEIVED
JUL 10 1950
BUREAU Y. S.

07287

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9207 Kingsbury Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 9207 Kingsbury Drive

3. NAME OF DECEASED (Type or Print): (First) EVELYN (Middle) Dorothy (Last) BRANT

4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 13, 1896

9. AGE last birthday: 54 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Scott

14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: 9207 Kingsbury Dr. Mr. Fredrick R. Brant Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Colon — Interval Between Onset and Death: about 8 mos

153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b)

46e (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1949, to 8 July, 1950, that I last saw the deceased alive on 6 July, 1950, and that death occurred at 8 A. m., from the causes and on the date stated above.

SIGNATURE: William D. Aud (Degree or title) MD ADDRESS: Silver Spring DATE SIGNED: 8 July 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7/11/50 — NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: 7/11/50 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Warner E. Pumphrey — ADDRESS: Silver Spring, Md.

RECEIVED
JUL 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07285

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 218

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Unity md
LENGTH OF STAY (in this place): 70 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Unity MD.
STREET ADDRESS (If rural, give location): Brookeville R.F.D.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Estella	Bready	July	17	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Aug 30 1874	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic Duties	Home	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Levi Young	Mary Jane Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
no	non	Earl S. Charlton Wash D C

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Instant dead in bed
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Bosshart M.D.		Gaithersburg md	7-18-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 20 1950	Mt Carmel	Montgomery Co md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/20/50	Lonnie D Bell	Roy W. Barber	Laytonsville Md

RECEIVED
JUL 28 1950
BUREAU U. S.

07286

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Spring; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS OWN HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Mont.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL; STREET ADDRESS (If rural, give location) SANDY SPRING

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
BENJAMIN	PAYTON	Brown	7	10	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	W.	Single	MAY 3, 1870	80 yrs.	2	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retail RETIRED MERCHANT	Country Store	MARYLAND	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
THOMAS E. BROWN	KATHERINE CHAMBERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
—	—	G.E. BROWN ASHTON, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	4 days
442x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a	(b) Hypertension, Cardio Vascular	
	(c) Disease - Chronic Interstitial Nephritis	4 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—			m.		—

22. I hereby certify that I attended the deceased from 7/1/49, to 7/10/50, that I last saw the deceased alive on 7/10/50, and that death occurred at 7.30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J.W. Bird M.D. Sandy Spring 7/11/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	JULY 13, 1950	UNION CEMETERY	BURTONSVILLE	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-10-50	Gertrude P. Lawler	Robert A. Pumphrey CRC	Bethesda, Md.

15661

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JUL 17 1980
BUREAU V. S.

07288

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 8 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4514 Highland

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) COOKE (Last) BURDETTE
4. DATE OF DEATH (Month) 7 (Day) 13 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Sept 15, 1865
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Worked at nursery
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Damascus Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Burdette
14. MOTHER'S MAIDEN NAME Ruth Watkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Mrs Mamie L. Mullinix

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
177x	Immediate cause	(a) Bronchopneumonia	3 days
51b	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of prostate	approx 2 years
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized — 25 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1949, to July 13 1950, that I last saw the deceased alive on July 12, 1950, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE Robert N. Coale M.D. (Degree or title) ADDRESS 5707 Wisconsin Ave, Chevy Chase Md. DATE SIGNED 7/13/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 15 - 1950
NAME OF CEMETERY OR CREMATORY Montgomery County
LOCATION (City, town, or county) Montgomery (State) Md

DATE REC'D BY LOCAL REG. 7-16-50
REGISTRAR'S SIGNATURE Helen Kurvack
24. FUNERAL DIRECTOR Roy W Barber Laytonsville ADDRESS 496 W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

COPY SENT TO ~~LOCAL REGISTRAR No.~~ CHO DATE 7-15-50

RECEIVED
JUL 19 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07289

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - ROCKVILLE; LENGTH OF STAY (In this place) 5 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD #3

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - ROCKVILLE; STREET ADDRESS (If rural, give location) RFD #3

3. NAME OF DECEASED (Type or Print): (First) NANCY (Middle) FIFE (Last) CARROLL

4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1950

5. SEX: F

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 9 1858

9. AGE last birthday: 92 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY: U. S.

13. FATHER'S NAME: Matthew Fife

14. MOTHER'S MAIDEN NAME: Martha Hester

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mrs. Josephine Carroll Franklin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 20 min.

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — years

93d (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan, 1950, to July, 1950, that I last saw the deceased alive on July 11, 1950, and that death occurred at 1:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Richard A. Yater M.D Olney, Md 7/11/50.

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF 7/13/50; NAME OF CEMETERY OR CREMATORY: Rock Creek Cemetery; LOCATION (City, town, or county) (State): Washington D.C. 1300 N St N W

DATE REC'D BY LOCAL REG. 7/11/50; REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Martin W Hyrang & Co ADDRESS

VS. A15

RECEIVED
JUL 13 1950
BUREAU F. C.

07290

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

M

I

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1317 Q Street, NW

3. NAME OF DECEASED (Type or Print) (First) Raymond (Middle) (none) (Last) CARTER
4. DATE OF DEATH (Month) July (Day) 10, (Year) 1950

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH Jan. 12, 1909
9. AGE last birthday 41 yrs. If under 1 year Months 05 Days 28 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Private Business
10b. KIND OF BUSINESS OR INDUSTRY Turist Trade
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Hillery CARTER
14. MOTHER'S MAIDEN NAME Margaret BUTLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY No. - - - -
17. INFORMANT AND ADDRESS Wife: Adelaide CARTER

18. MEDICAL CERTIFICATION Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
441x	Immediate cause	(a) Malignant hypertension	4 mo.
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
		(c) Hypertensive cardiovascular disease	7 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 3, 1950, to July 10, 1950, that I last saw the deceased alive on July 10, 1950, and that death occurred at 11:25 A.m., from the causes and on the date stated above.

SIGNATURE F. J. Linehan Jr. (Degree or title) F. J. LINEHAN, Jr., LTJG, MC, USN
ADDRESS U. S. NAVAL HOSPITAL
DATE SIGNED July 10, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 14, 1950
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. July 10, 1950
REGISTRAR'S SIGNATURE Edith Whittington Edith WHITTINGTON
24. FUNERAL DIRECTOR ADDRESS McGuire Funeral Home, 1820 9th Street, NW, Washington, D.C.

156 94 J.J.W. 84

RECEIVED
JUL 12 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07291

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery County, MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring, Md.; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 749 Sligo Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring, Md.; STREET ADDRESS (If rural, give location) 749 Sligo Ave.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Cashell

4. DATE OF DEATH: (Month) 7- (Day) 11- (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 4-6-65

9. AGE last birthday: 85 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer owner & Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Cashell

14. MOTHER'S MAIDEN NAME: Louisa Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Miss Mary Louise Cashell, dtr, 749 Sligo Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
443x Immediate cause	(a) Myocardial Insufficiency	48 hrs.
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	10 yrs.
	(c) Generalized Arteriosclerosis	10 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility — Cachexia → 10 months

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-14, 1939, to 7-11, 1950, that I last saw the deceased alive on 7-11, 1950, and that death occurred at 1 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M E Shoemaker MD 805 Woodbury Dr, Silver Spring, Md 7/11/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: 7/14/50; NAME OF CEMETERY OR CREMATORY: Geo. Wash. Memorial Cemetery; LOCATION (City, town, or county) (State): Prince Geo. Co., Md.

DATE REC'D BY LOCAL REG. 7/17/50; REGISTRAR'S SIGNATURE: Grace Potter

24. FUNERAL DIRECTOR: Warner & Pumphrey; ADDRESS: Silver Spring, Md.

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RECEIVED
JUL 15 1950
BUREAU V. S.

07292

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

M

C

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 901 Wade Ave.

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Girl Kathleen Mary (Last) Cegan

4. DATE OF DEATH (Month) July (Day) 1 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Newborn

8. DATE OF BIRTH 6-30-50

9. AGE last birthday — yrs. If under 1 year Months — Days If under 24 hrs. Hours 4 Min. 24

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Bethesda Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Alex J. Cegan

14. MOTHER'S MAIDEN NAME Agnes L. Loeffler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Alex J. Cegan - Rockville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary atelectasis	30 hrs
761.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Premature separation of placenta	36 hr
160c	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 June, 1950, to 1 July, 1950, that I last saw the deceased alive on 30 June, 1950, and that death occurred at 11:45 A m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS Rockville Md DATE SIGNED 1 July 50

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF July 3, 1950 NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery LOCATION (City, town, or county) Rockville, (State) Md.

DATE REC'D BY LOCAL REG. 7-3-50 REGISTRAR'S SIGNATURE Helen Kurvalp

24. FUNERAL DIRECTOR [signature] ADDRESS Bethesda

2-016-30-0-31-3-34-4

RECEIVED
JUL 8 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07293

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Colesville
LENGTH OF STAY (in this place): 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Jolliffes Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Colesville Travilla
STREET ADDRESS (If rural, give location): Jolliffes Rest Home

3. NAME OF DECEASED (Type or Print): (First) Milton L. (Middle) (Last) Cissel

4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Oct. 4, 1865

9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Howard Co., Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wilburn F. Cissel

14. MOTHER'S MAIDEN NAME: Clara Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: Mr. T. R. Cissel, Colesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 Immediate cause (a) Multiple cerebral Thrombosis — 2 days

830a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis — Years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-27, 1950, to 7-30, 1950, that I last saw the deceased alive on 7-28, 1950 and that death occurred at 10 05 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John S. Rogers, M.D. — 1009 Seminary Rd. Silver Spring Md. — 7-30-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 8/1/50 — NAME OF CEMETERY OR CREMATORY: St. Marks Church Cemetery — LOCATION (City, town, or county) (State): Highland, Howard Co., Md.

DATE REC'D BY LOCAL REG.: Aug 1/50 — REGISTRAR'S SIGNATURE: Frances Potter — 24. FUNERAL DIRECTOR — ADDRESS: Warner & Pumphrey, Silver Spring, Maryland

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RECEIVED
AUG 3 1950
BUREAU OF S.

07294

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Co. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Mont. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural give location) Route 2

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Malachai		Copeland.	July	17	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male.	Colr.	M.	6/14/86	64 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm laborer	Farm	Maryland.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Grafton Copeland.	Jossie Hardesty.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No.	No	William H. Copeland (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

5705 **Immediate cause** (a) Shock following operation — 3 hours

1221 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Obstruction of ileum due to adhesions — 10 days.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7/17/50	Intestinal Obstruction due to adhesions (Ileum)	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7/10, 1950, to 7/17, 1950, that I last saw the deceased alive on 7/17, 1950, and that death occurred at 2:10 p.m., from the causes and on the date stated above.

SIGNATURE C. Hyson (Degree or title) MD ADDRESS Sandy Spring, Md DATE SIGNED 7/17/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town or county) (State)
Burial	7-19-50	Norbeck	Norbeck, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-19-50	Gertrude B Fawley	Robert L. Snowden	Rockville, Md

866 VL

RECEIVED
JUL 28 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07295

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 511 Greenwood Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
STREET ADDRESS (If rural, give location): 511 Greenwood Ave.

3. NAME OF DECEASED (Type or Print): (First) James Augustus (Middle) Davis, Sr. (Last)

4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	July 23, 1890	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sheet Metal Worker	Natl. Airport	Washington, D. C.	

13. FATHER'S NAME: John Hanson Davis
14. MOTHER'S MAIDEN NAME: Carrie Elizabeth Seavers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes	W. W. I	579-030320	Mrs. Clinton Williams, Dtr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Instant
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	dead on arrival
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Bouchart M.D.		Gaithersburg Md	7-10-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/12/50	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/15/50	J. Wm. Dodd	Warner E. Pumphrey,	Silver Spring, Md.

496 97

RECEIVED
JUL 17 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

17296

Reg. Dist. No. 212

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Comus; LENGTH OF STAY (in this place) 28 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Comus; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lonas	William	Dillow	7	11	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widower	Oct 16-1867	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm Laborer	Farm Laborer	Virginia	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Dillow	Mary Medler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Unknown	None	Elmer C. Willing

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypostatic pneumonia	6 days.
177 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 51 b	(b) Metastatic Carcinoma	1 year
	(c) Prostatic Carcinoma	2 years.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March, 1950, to 11 July, 1950, that I last saw the deceased alive on 11 July, 1950, and that death occurred at 11 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John S. Fawcett	M.D.	Boyds, Md	11 July 50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	7/14/50	Comus M.E. Boyds Methodist	Comus	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/14/50	Charles W. Elgin	Milton Funeral Home (W.B. Milton for)	Barnesville 86 GVV 11/16

VS. A15

RECEIVED
JUL 24 1950
BUREAU V. S.

M

07297

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH · COUNTY: Montgomery — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda — LENGTH OF STAY (in this place): 6 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4421 East West Highway	STREET ADDRESS (If rural, give location): 4421 East West Highway

3. NAME OF DECEASED (Type or Print)	(First) Josephine	(Middle) Junkin	(Last) Doggett	4. DATE OF DEATH	(Month) July	(Day) 29	(Year) 1950
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: 23 Mar 1898	9. AGE last birthday: 52 yrs.	If under 1 year: Months 4, Days 6	If under 24 hrs.: Hours, Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Director of Ladies Div.	10b. KIND OF BUSINESS OR INDUSTRY: Auto Safety Fd.	11. BIRTHPLACE (State or foreign country): Iowa	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME: Joseph M. Junkin	14. MOTHER'S MAIDEN NAME: Olivetta Chevalier						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT AND ADDRESS: Sidney L. Miller					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myelogenous Leukemia — 5 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

204.1

74a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Dec 1949	19b. MAJOR FINDINGS OF OPERATION: Removal of Spleen	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1940, to 7/29, 1950, that I last saw the deceased alive on 7/27, 1950, and that death occurred at 2:50 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W B Sims	M.D.	1150 Conn. Ave	D.C.

23. BURIAL, CREMATION REMOVAL (Specify): Burial-Transit	DATE THEREOF: 30 July 1950	NAME OF CEMETERY OR CREMATORY: Red Oak	LOCATION (City, town, or county) (State): Red Oak, Iowa
DATE REC'D BY LOCAL REG.: 7-29-50	REGISTRAR'S SIGNATURE: Helen Kurvach	24. FUNERAL DIRECTOR: Robert A. Pamphrey	ADDRESS: Bethesda, Md.

V52.98

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 1 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07298

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Enroute to hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poolesville
STREET ADDRESS (If rural, give location) R.F.D. 41

3. NAME OF DECEASED (Type or Print): (First) Mollie (Middle) [illegible] (Last) Dorsey

4. DATE OF DEATH: (Month) July (Day) 17 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 26, 1874

9. AGE last birthday: 76 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Charles Johnson

14. MOTHER'S MAIDEN NAME: Annie Riggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mollie E. Clark

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
33/x **Immediate cause**	(a) Cerebral hemorrhage	3 hrs.
83a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank J. Bosshart M.D. Gaithersburg md 7-17-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 7-19-50 | NAME OF CEMETERY OR CREMATORY: Jerusalem | LOCATION (City, town, or county) (State): Poolesville, Md.

DATE REC'D BY LOCAL REG. 7-19-50 | REGISTRAR'S SIGNATURE: Helen Kurwash | 24. FUNERAL DIRECTOR: Robert L. Snowden, Rockville Md | ADDRESS

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 21 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07299

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 41 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location) 209 Rhode Island Avenue, N.E., DC

3. NAME OF DECEASED (Type or Print) (First) Myrtle (Middle) (Last) Drew

4. DATE OF DEATH (Month) July (Day) 8, (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH 4-19-88

9. AGE last birthday 62 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Washington, D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Henry J. Bradley

14. MOTHER'S MAIDEN NAME Augusta E. Sherman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Washington Sanitarium and Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiorespiratory failure, secondary to — Interval between onset and death:

410X Antecedent cause(s)

928 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senile emphysema — Years

(c) Mitral insufficiency — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-26, 1950, to 7-8, 1950, that I last saw the deceased alive on 7-5, 1950, and that death occurred at 11:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

DeWitt K. Mudd M.D. Takoma Park 12 Md 7-9-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 12 July 1950

NAME OF CEMETERY OR CREMATORY Congressional Cem.

LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 7/9/50

REGISTRAR'S SIGNATURE J. Wm Dodd

24. FUNERAL DIRECTOR Martin W. Hypson Co. ADDRESS 1300 "N" St., N.W., Wash., D.C.

M

I

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 11 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07300

CERTIFICATE OF DEATH

Reg. Dist. No. 211

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattstown
LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattstown
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Minnie (Middle) Rose (Last) Dutrow

4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: April 20 1869

9. AGE last birthday: 81 yrs. If under 1 year: Months 2 Days 21 If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): near Clarksburg, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Murphy

14. MOTHER'S MAIDEN NAME: Julia Ann Shriner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: George A. Murphy, Hyattstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442x Immediate cause (a) Myocardial insufficiency — Interval between onset and death: 2 weeks

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-nephritis — 2 years

(c) High arterial tension, Arterio-sclerosis — 10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 1940, to July 11, 1950, that I last saw the deceased alive on July 11, 1950, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William C. Willis, M.D. ADDRESS 7 Brooke Ave., Gaithersburg, Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF July 13, 1950 — NAME OF CEMETERY OR CREMATORY Methodist Cem — LOCATION (City, town, or county) (State) Hyattstown md.

DATE REC'D BY LOCAL REG. July 12, 1950 — REGISTRAR'S SIGNATURE Della N. Burdette

24. FUNERAL DIRECTOR — ADDRESS W. L. Burdette, Hyattstown, Md.

RECEIVED
JUL 15 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07301

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 3 hr 48 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. of Columbia; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 105 14th Street, NE

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Harry	True	EATON	July	17,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	Dec. 3, 1873	76 yrs.	07	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
U.S. Marine	Armed Forces	Dist. of Columbia	US

13. FATHER'S NAME: Henry T. EATON

14. MOTHER'S MAIDEN NAME: Anna B. ATCHISON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) SpAmer.WW I

16. SOCIAL SECURITY NO. - - -

17. INFORMANT AND ADDRESS: Wife: Anna B. EATON

18. MEDICAL CERTIFICATION: Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 Immediate cause (a) Arteriosclerotic Heart Disease

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) with myocardial failure

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 16, 1950, to July 17, 1950 that I last saw the deceased alive on July 17, 1950, and that death occurred at 3:28 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. J. Mc Carthy	LTJG, MC, USN	U.S. NAVAL HOSPITAL	July 17, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 20, 1950	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
July 17, 1950	Edith Whittington EKB	Lee Funeral Home, 4th & Mass. Ave., NE, Washington, D.C.

VS. A15

60896

RECEIVED
JUL 19 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07302

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
LENGTH OF STAY (in this place): 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rest Home, 109 Forest Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Forest Glen (Rural)
STREET ADDRESS (If rural, give location): ?

3. NAME OF DECEASED (Type or Print): (First) AGNES (Middle) T. (Last) FENWICK

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Jan. 21, 1860

9. AGE last birthday: 90 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher (retired)

10b. KIND OF BUSINESS OR INDUSTRY: School (public)

11. BIRTHPLACE (State or foreign country): Montgomery Co., Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Phillip Fenwick

14. MOTHER'S MAIDEN NAME: Anne Clements

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: niece: Miss Rose Mary Fenwick — 937 Bonifant St., Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Ruptured Esophageal Varix	6 hours
450.0 Antecedent cause(s)		
97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	30 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | **INJURY OCCURRED** While at Work ☐ Not While At work ☐ | **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from Oct, 19.46, to 2 July, 19.50, that I last saw the deceased alive on 2 July, 1950, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	MD	Rockville Md	2 July 50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 4, 1950	St. John's Cath. Cemetery	Forest Glen, Montgomery, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 11 1950	Peggy U. Veazey	Warner E. Pumphrey	Silver Spring, Md.

V3411

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 13 1950
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07303

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 8027 Eastern Avenue

3. NAME OF DECEASED (Type or Print): (First) Otto; (Middle) (none); (Last) FISCHER

4. DATE OF DEATH: (Month) July; (Day) 10; (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov. 22, 1888

9. AGE last birthday: 61 yrs. If under 1 year: Months 07; Days 18; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Book Binder

10b. KIND OF BUSINESS OR INDUSTRY: Printing

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? US(N)

13. FATHER'S NAME: Not known

14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: - - - -

17. INFORMANT AND ADDRESS: Nephew: William H. FISCHER, Jr.

18. MEDICAL CERTIFICATION: Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Embolism Superior Mesenteric artery	24 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Mural Thrombus Heart	2 weeks
420.1 9th rev	(c) Myocardial Infarction	2 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 3, 1950, to July 10, 1950, that I last saw the deceased alive on July 10, 1950, and that death occurred at 9:20 P m., from the causes and on the date stated above.

SIGNATURE: J. T. JONES, Jr., LTJG, MC, USN (Degree or title)

ADDRESS: U. S. NAVAL HOSPITAL

DATE SIGNED: July 11, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: July 13, 1950

NAME OF CEMETERY OR CREMATORY: Glenwood Cemetery

LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REG.: July 11, 1950

REGISTRAR'S SIGNATURE: Edith WHITTINGTON

24. FUNERAL DIRECTOR ADDRESS: Deal Funeral Home, 4812 Georgia Avenue, NW, Washington, D.C.

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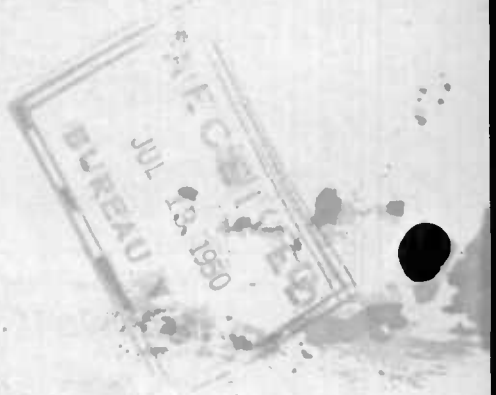
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JUL 13 1950
BUREAU

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Travilah — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Travilah
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gaithersburg R.F.D.# 3	STREET ADDRESS (If rural, give location) Gaithersburg R.F.D.#3

3. NAME OF DECEASED (Type or Print)	(First) Alice	(Middle) Lurene	(Last) Fling	4. DATE OF DEATH	(Month) July	(Day) 20	(Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 16 Aug.1926	9. AGE last birthday 23 yrs.	If under 1 year Months 11	Days 4	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stenographer	10b. KIND OF BUSINESS OR INDUSTRY Coca-Cola B.Plt.	11. BIRTHPLACE (State or foreign country) Montgomery Co. Md.	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Luther H. Mills	14. MOTHER'S MAIDEN NAME Lillian Lowe						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY No. 218-20-0153	17. INFORMANT AND ADDRESS Luther H. Mills- Gaithersburg, Md. R.F.D.#3					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Neurasthenia	6 mos
	(c) [illegible]	3 days

481x

83b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from July 19, 1950, to July 19, 1950, that I last saw the deceased alive on July 19, 1950, and that death occurred at 1:30A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible]		Gaithersburg Md.	July 20, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 23 July 1950	NAME OF CEMETERY OR CREMATORY Forest Oak	LOCATION (City, town, or county) (State) Gaithersburg, Md.
DATE REC'D BY LOCAL REG. 7/21/50	REGISTRAR'S SIGNATURE Peggy A Neazey	24. FUNERAL DIRECTOR [illegible]	ADDRESS Bethesda, Md.

236 X 0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

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VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ~~217~~ 214

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Norbeck, Md
LENGTH OF STAY (in this place): 17 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ashton,
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Ethel (Middle) Crawford (Last) Fowler
4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: Colored
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: Sept. 22, 1934
9. AGE last birthday: 15 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Howard Co. Md.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Samuel Crawford
14. MOTHER'S MAIDEN NAME: Lillie Jackson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Rosmond Fowler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Tumor, Hemorrhage or Embolus — 1 hour

687x Antecedent cause(s)

147d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Delivering Premature Infant at 11:15 A.M.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Eclampsia in Previous Pregnancy

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

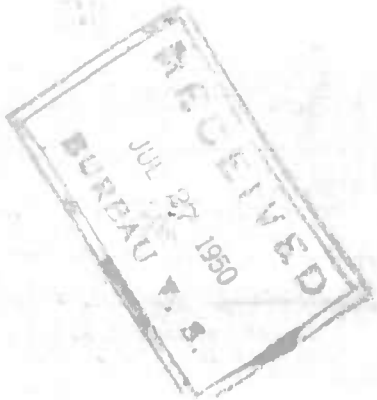
21. ACCIDENT SUICIDE HOMICIDE (Specify) ~~X~~
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1, 1949, to July 19, 1950, that I last saw the deceased alive on July 19, 1950, and that death occurred at 12:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Webster Sewell, M.D. — ADDRESS: Norbeck, Md. — DATE SIGNED: 7.21.50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 7-22-50 — NAME OF CEMETERY OR CREMATORY: Simpsonville — LOCATION (City, town, or county) (State): Simpsonville, Md

DATE REC'D BY LOCAL REG.: 7/22/50 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: Robert L. Snowden — ADDRESS: Rockville Md.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JUL 27 1950
BUREAU

07306

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY – Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 7 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Virginia; COUNTY: Fairfax
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Falls Church, Rural
STREET ADDRESS (If rural, give location): Route # 2

3. NAME OF DECEASED (Type or Print): (First) Benton (Middle) Lester (Last) FRANKLIN

4. DATE OF DEATH: (Month) July (Day) 3, (Year) 19 50

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Apr. 19, 1890

9. AGE last birthday: 60 yrs. If under 1 year: Months 02 Days 12 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William FRANKLIN

14. MOTHER'S MAIDEN NAME: Laura Kaylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: - - - -

17. INFORMANT: Wife: Mabel J. FRANKLIN

18. MEDICAL CERTIFICATION: Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) myelogenous leukemia — Interval Between Onset and Death: Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

903.3
204.1
186a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. History of falling and injuring left side while carrying lumber

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) Washington (COUNTY) (STATE) D. C.

TIME OF INJURY (Month) July (Day) 3 (Year) 50 (Hour) ? m. | INJURY OCCURRED While at work ☒ Not while at work ☐ | HOW DID INJURY OCCUR? fall

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Boschart (Degree or title) ADDRESS: Gaithersburg Md DATE SIGNED: 7-5-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: July 10, 1950 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: July 5, 1950 | REGISTRAR'S SIGNATURE: Edith WHITTINGTON

24. FUNERAL DIRECTOR: W. W. Chambers, 3072 M Street, NW, Washington, D. C. ADDRESS: D. C. 30849

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JUL 7 1980
BUREAU OF

07307

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 211

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

1. PLACE OF DEATH · COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DAMASCUS — LENGTH OF STAY (in this place) all life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Damascus
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Thomas	(Middle) E	(Last) Gaither	4. DATE OF DEATH	(Month) July	(Day) 30	(Year) 1950
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 1 - 1866	9. AGE last birthday 84 yrs.	If under 1 year Months. Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) day	10b. KIND OF BUSINESS OR INDUSTRY Laborer	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME John Gaither	14. MOTHER'S MAIDEN NAME Unknown						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) n (If year, give war or dates of service) n	16. SOCIAL SECURITY NO. n	17. INFORMANT AND ADDRESS Alsie Gaither Monrovia md					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
332x Immediate cause	(a) Cerebral thrombosis	1 hour
Antecedent cause(s) 83b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	15 years?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from January, 1935, to July, 1950, that I last saw the deceased alive on July 29, 1950, and that death occurred at 12 45 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M. McKendree Boyd	M.D.	Damascus, Maryland.	7-31-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 1 - 1950	Friend Ship md	Montgomery Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 1, 1950	Della W. Burdette	Roy W. Barber	Laytonsville md

98844

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AUG 3 1950
BUREAU T. S

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A16

07308

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH — COUNTY: MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TAKOMA PARK — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 45 POPLAR AVE

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 150 Forrester St. S.W.

3. NAME OF DECEASED (Type or Print) (First) ROSA (Middle) AMANDA (Last) GARNER
4. DATE OF DEATH (Month) 7 (Day) 7 (Year) 1950

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 12-25-1862
9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): WASH. D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JAMES FRENCH
14. MOTHER'S MAIDEN NAME: AMANDA —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If year, give war or dates of service): NO
16. SOCIAL SECURITY No.: NONE
17. INFORMANT AND ADDRESS: MRS MIRIAM ROTH 45 - POPLAR AVE - TAK PK MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio - arterio - nephrosclerosis — 6 months
Cardio - arterio - nephrosclerosis

442X Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 June, 1950, to 6 July, 1950, that I last saw the deceased alive on 6 July, 1950, and that death occurred at 10:45 A.m., from the causes and on the date stated above.

SIGNATURE: Robert C. Haile — (Degree or title): Robert C. Haile MD — ADDRESS: 35 N.Y. Ave. N.W. Wash D.C. — DATE SIGNED: 7 July '50

23. BURIAL, CREMATION REMOVAL (Specify) — DATE: 7/10/50 — NAME OF CEMETERY OR CREMATORY: Henwood Cem — LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: 7/7/50 — REGISTRAR'S SIGNATURE: J. Helm Dodd
24. FUNERAL DIRECTOR: W W Chambers Co — ADDRESS: 1400 Chapin St. N.W. WASH D.C.

RECEIVED
JUL 11 1960
BUREAU V. S.

07309

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12 BOYD AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 12 Boyd Ave

3. NAME OF DECEASED (Type or Print) (First) Edwin (Middle) Chapin (Last) Gary

4. DATE OF DEATH (Month) July (Day) 26 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Sept 25, 1878
9. AGE last birthday 71 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) US Post Office Dept Clerk-Ret.
10b. KIND OF BUSINESS OR INDUSTRY Retired Gov. Clerk
11. BIRTHPLACE (State or foreign country) Columbia South Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME EDWIN F. GARY
14. MOTHER'S MAIDEN NAME KATE NILES CHAPIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS Arthur E. Crowley - 12 Boyd Ave Takoma Park

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
443x	Immediate cause	(a) Cerebral Hemorrhage with	6
	Antecedent cause(s)		
93d	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Left sided Hemi-plegia	
		(c) Hypertensive Heart Disease	9

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility Generalized Atherosclerosis

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1950, to July 26, 1950, that I last saw the deceased alive on July 23, 1950, and that death occurred at 10:P m., from the causes and on the date stated above.

SIGNATURE Philip E. Jones (Degree or title) M.D. ADDRESS 904 Ellsworth Drive Silver Spring Md DATE SIGNED 7/26/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 29, 1950
NAME OF CEMETERY OR CREMATORY GEO. WASH'N MEMORIAL CEM.
LOCATION (City, town, or county) Riggs Rd. Hyattsville Pr Geo Co. (State) N.J.

DATE REC'D BY LOCAL REG. 7/26/50
REGISTRAR'S SIGNATURE J. Nelson Dodd
24. FUNERAL DIRECTOR [signature] ADDRESS 254 Carroll St N.W. 26697 Takoma Park 12, D.C.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 1 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07310

CERTIFICATE OF DEATH

Reg. Dist. No. 2-16

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If any item is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital, 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) Md.

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Girl. (Last) GIBBS

4. DATE OF DEATH (Month) July (Day) 16 (Year) 1950

5. SEX F

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 7-15-50

9. AGE last birthday yrs. | If under 1 year Months. | Days | If under 24 hrs. Hours 20 | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Bethesda Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Lloyd Hall

14. MOTHER'S MAIDEN NAME Edna Gibbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

776x **Immediate cause** (a) Prematurity — 20 hrs.

Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-15-, 1950, to 7-16-, 1950, that I last saw the deceased alive on 7-16-, 1950, and that death occurred at 305 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Alan A. Dun M.D. Suburban Hosp. Bethesda Md. 7-19-50

23. ~~BURIAL~~ CREMATION REMOVAL (Specify) | DATE 7-17-50 | NAME OF CEMETERY OR CREMATORY Sub. Hosp. | LOCATION (City, town, or county) (State) Bethesda, Md

DATE RECD BY LOCAL REG. 7-29-50 | REGISTRAR'S SIGNATURE Helen Carroach | 24. FUNERAL DIRECTOR Amelia Manry ADDRESS Supt

2-1-7-15-0-21-3-38-0

RECEIVED
AUG 1 1950
BUREAU V. S.

07311

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 old Georgetown Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Boy. (Last) Gibbs

4. DATE OF DEATH: (Month) July (Day) 16 (Year) 1950

5. SEX: M

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 7-15-50

9. AGE last birthday: yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours 22 | Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Bethesda Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Lloyd Hall

14. MOTHER'S MAIDEN NAME: Edna Gibbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity — 22 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

7716x
159

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-15-, 1950, to 7-16-, 1950, that I last saw the deceased alive on 7-16-, 1950 and that death occurred at 5:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Alan A. Dun M.D. — Suburban Hosp., Bethesda, Md. — 7-19-50

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE: 7-17-50 — NAME OF CEMETERY OR CREMATORY: Sub. Hosp. — LOCATION (City, town, or county) (State): Bethesda, Md.

DATE REC'D BY LOCAL REG. 7-29-50 — REGISTRAR'S SIGNATURE: Helen Kurvach

24. FUNERAL DIRECTOR — ADDRESS: Amelia Manry — Bethesda, Md.

2-1-7-15-0-21-4-38-1

RECEIVED
AUG 1 1960
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07312

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural; LENGTH OF STAY in this place 1 mo 18 da; HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. of Columbia COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 1106 21st Place, NE,

3. NAME OF DECEASED (Type or Print): (First) Oscar (Middle) Frederick (Last) GORDON

4. DATE OF DEATH: (Month) July (Day) 13, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 5, 1893

9. AGE last birthday: 56 yrs. If under 1 year Months 10 Days 08 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Navy

10b. KIND OF BUSINESS OR INDUSTRY: Armed Forces

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW I II

16. SOCIAL SECURITY No. - - - -

17. INFORMANT AND ADDRESS: Sister: Blanche HILL

18. MEDICAL CERTIFICATION: same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Massive Peritoneal Abscess

585x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Empyema of Gall Bladder & Perforation

127a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1950, to July 13, 1950, that I last saw the deceased alive on July 13, 1950 and that death occurred at 10:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. A. BUTCHER, CDR, MC, USN U.S. NAVAL HOSPITAL July 15,1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 7-18-50

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: July 15, 1950

REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR ADDRESS: George W. Wise, 2900 M Street, Nw, Washington, D.C.

7.7. 60896

VS. A15

RECEIVED
JUL 17 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07313

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA — LENGTH OF STAY (in this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS SUBURBAN HOSPITAL 8600 OLD GEORGETOWN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural. Rockville, Md.
STREET ADDRESS (If rural, give location) Avalon Gdns. Shop. Rockville, Pike

3. NAME OF DECEASED (Type or Print): (First) Guy (Middle) H. (Last) GRAHAM

4. DATE OF DEATH: (Month) 7 (Day) 26 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 31, 1867

9. AGE last birthday: 82 yrs. If under 1 year, Months: 8 Days: 25 If under 24 hrs. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): High School Sup.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Twin Grove, Ill.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Rush Graham

14. MOTHER'S MAIDEN NAME: Juliett Henry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Ethyl V. Taylor (daughter) (as above)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarction — Interval Between Onset and Death: 2-3 hrs

420.1

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) None known.

94a

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 25, 1950, to July 26, 1950, that I last saw the deceased alive on July 26, 1950, and that death occurred at 12:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

William N. Gadol M. D. 8016 Old Georgetown Rd Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 29July 1950 — NAME OF CEMETERY OR CREMATORY: Ft. Lincoln — LOCATION (City, town, or county) (State): Prince George, Maryland

DATE REC'D BY LOCAL REG. 7-27-50 — REGISTRAR'S SIGNATURE: Helen Kurrach — 24. FUNERAL DIRECTOR: Robert L. Dumphrey — ADDRESS: Bethesda, Md.

12811

VS. A15

RECEIVED
JUL 31 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07314

CERTIFICATE OF DEATH

Reg. Dist. No. 7-18

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laytonsville; LENGTH OF STAY (in this place) all life; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laytonsville rfd; STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) LAURA (Middle) WATERS. (Last) GRIFFITH

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Mar. 13 1862

9. AGE last birthday: 88 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic duties

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: J. M. Waters

14. MOTHER'S MAIDEN NAME: Sarah W Waters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Virginia M Griffith Laytonsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral thrombosis	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Terminal dilatation of heart Cardio-vascular-renal disease with hypertension	25 years ?
	(c)	General arteriosclerosis Marked coronary sclerosis	20 years 3 years

442X
131a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: ----

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NO

PLACE (Home, farm, factory, street, office bldg., etc.): ---

(CITY OR TOWN) ---

(COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 47 to July 20, 50, that I last saw the deceased alive on July 20, 1950, and that death occurred at 11:45p.m., from the causes and on the date stated above.

SIGNATURE: E. McKendree Boyer (Degree or title) M. D. ADDRESS Druid Theatre Building Damascus, Maryland. DATE SIGNED July 24, '50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF July 24 1950 | NAME OF CEMETERY OR CREMATORY Laytonsville M E | LOCATION (City, town, or county) Montgomery Co (State) Md

DATE REC'D BY LOCAL REG. 7/24/50 | REGISTRAR'S SIGNATURE Louis D Gill

24. FUNERAL DIRECTOR: Roy W Barber ADDRESS Laytonsville Md

RECEIVED
JUL 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07315

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (In this place) 14 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 5514 Grove St.

3. NAME OF DECEASED (Type or Print) (First) MABEL (Middle) M. (Last) HAGAMAN

4. DATE OF DEATH (Month) JULY (Day) 9. (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH JUNE 19 1885

9. AGE Last birthday 65 ? yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Memphis, Tenn

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Thomas M/C Bride

14. MOTHER'S MAIDEN NAME Mary Hines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT Mrs. Frederick A. Heckman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary occlusion — Interval Between Onset and Death: 2 days +

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis and

(c) Hypertension — 3 yrs +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none -

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 49, to July 9, 19 50, that I last saw the deceased alive on July 9, 19 50, and that death occurred at 2 25 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) D.H. Richwine ADDRESS 5522 Western ave, Ch. Md. DATE SIGNED 9 July 50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE THEREOF 7-11-1950 | NAME OF CEMETERY OR CREMATORY Forest Lawn | LOCATION (City, town, or county) (State) Norfolk VA.

DATE REC'D BY LOCAL REG. 7-9-50 | REGISTRAR'S SIGNATURE Helen Kurrach

24. FUNERAL DIRECTOR ADDRESS J. William Lee & Sons Co. 300 - 4th. St. N.E. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 12 1990

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07316

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Beach, Maryland
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Hattie (Middle) Lillian Ella (Last) Hailey

4. DATE OF DEATH: (Month) July (Day) 2nd (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 8-16-78

9. AGE last birthday: 71 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Orrin R Cleaves

14. MOTHER'S MAIDEN NAME: Elizabeth Pollard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremic State with nephritis	Terminal
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	years
	(c) Arteriosclerosis	years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	7

446x

61

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/9/, 1950, to 7/x, 1950, that I last saw the deceased alive on 7/x, 1950, and that death occurred at 8:25 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Robert A Hare M.D. | Takoma Park, Md. | 7/2/50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Removal | 7/2/50 | Removed To Wash, D.C. | Washington D.C.

DATE REC'D BY LOCAL REG. 7/2/50 | REGISTRAR'S SIGNATURE J. Holmes Dodd

24. FUNERAL DIRECTOR | ADDRESS

J. Wm. Lee's Sons Co. | 300 4½ St. S.E. Wash, D.C.

RECEIVED
JUL 5 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

67317

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A36

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4509 Chase Avenue

3. NAME OF DECEASED (Type or Print): (First) Rosemary (Middle) (none) (Last) HARRIS

4. DATE OF DEATH: (Month) July (Day) 24, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: July 21, 1950

9. AGE last birthday: 00 yrs. If under 1 year: Months 00, Days 03; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - - -

10b. KIND OF BUSINESS OR INDUSTRY: - - - -

11. BIRTHPLACE (State or foreign country): Bethesda, Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Thomas A. HARRIS

14. MOTHER'S MAIDEN NAME: Georginia Helen GROSSO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) - - - -

16. SOCIAL SECURITY NO. - - - - -

17. INFORMANT AND ADDRESS: Mother: Georginia H. HARRIS

18. MEDICAL CERTIFICATION: Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity 6½ Month gestation

761.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Premature labor. Abruptio placenta.

160 c

(c)

INTERVAL BETWEEN ONSET AND DEATH: Minutes

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 21, 1950 to July 24, 1950, that I last saw the deceased alive on July 24, 1950, and that death occurred at 10:45 P m., from the causes and on the date stated above.

SIGNATURE L. M. Harris (Degree or title) ADDRESS DATE SIGNED

L. M. HARRIS, CAPTAIN, MC, USN U.S. NAVAL HOSPITAL July 25, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Disposition

DATE THEREOF: July 25, 1950

NAME OF CEMETERY OR CREMATORY: USN Medical School

LOCATION (City, town, or county) (State): Bethesda, Maryland

DATE REC'D BY LOCAL REG.: July 25, 1950

REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR: None ADDRESS

2-0-7/21-0-30-3-69-1

RECEIVED
JUL 26 1950
BUREAU U. S.

07318

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 2-7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (In this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Dennis Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 228 10th St. N.E.

3. NAME OF DECEASED (Type or Print): (First) Caroline (Middle) W (Last) Heer

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1950

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 11-5-1875

9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): nurse

10b. KIND OF BUSINESS OR INDUSTRY: nursing

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles M. Heer

14. MOTHER'S MAIDEN NAME: Caroline Glaser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Geo W. Heer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.1 **Immediate cause** (a) Congestive heart failure — Interval Between Onset and Death: 4 days

93e **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Grant J. Bouchart M.D.
ADDRESS: Gaithersburg md
DATE SIGNED: 7-13-50

23. BURIAL, CREMATION, REMOVAL (Specify): Cr
DATE THEREOF: July 14-1950
NAME OF CEMETERY OR CREMATORY: Lees Crematorium
LOCATION (City, town, or county) (State): 300-4th St N E

DATE REC'D BY LOCAL REG.: 7/17/50
REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: J. Wm. Lee Sons Co
ADDRESS: Washington D C

V3692

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JUL 19 1950
BUREAU F. S.

07319

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place): 7 mo 7 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Dist. of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 2810 Cortland Place, NW

3. NAME OF DECEASED (Type or Print): (First) Hugh (Middle) Lee (Last) HENDRICK
4. DATE OF DEATH: (Month) July (Day) 25, (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 29, 1910
9. AGE last birthday: 40 yrs. — If under 1 year: Months 05, Days 26 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): US Naval Officer
10b. KIND OF BUSINESS OR INDUSTRY: Armed Forces
11. BIRTHPLACE (State or foreign country): Texas
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Hugh HENDRICK
14. MOTHER'S MAIDEN NAME: Effie ELLIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY No.: - - - -
17. INFORMANT AND ADDRESS: Wife: Josephine HENDRICK

18. MEDICAL CERTIFICATION Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Brain Tumor - Glioma left parietal. — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

193X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

54a

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 18, 1949, to July 25, 1950, that I last saw the deceased alive on July 25, 1950, and that death occurred at 8:50 A m., from the causes and on the date stated above.

SIGNATURE: B Thomas (Degree or title) — ADDRESS: B. THOMAS, CDR, MC, USN — U. S. NAVAL HOSPITAL — DATE SIGNED: July 25, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 27, 1950 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: July 25, 1950 — REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR — ADDRESS: Wastler Funeral Home, 301 East Capitol Street, Washington, D.C.

D.P.R. 91296

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 27 1950
BUREAU V. S.

07320

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA — LENGTH OF STAY (in this place): 4 hrs - 10
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SUBURBAN HOSPITAL 8600 OLD GEORGETOWN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
STREET ADDRESS (If rural, give location): 6501 Conn. Ave

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Edwin Worth Higgins

4. DATE OF DEATH (Month) (Day) (Year): 7 - 9 - 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8-13-1897
9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Editor
10b. KIND OF BUSINESS OR INDUSTRY: U.S. News
11. BIRTHPLACE (State or foreign country): Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Higgins
14. MOTHER'S MAIDEN NAME: Blanch ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002x Immediate cause (a) Bronchopneumonia, rt lower lobe — 24 hours

Antecedent cause(s)

Bb Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Surgical Removal left lung and rt.

(c) upper lobe for tuberculosis about 1947

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Normally had severe respiratory distress due to small lung cap.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1949, to July 9, 1950, that I last saw the deceased alive on July 9, 1950, and that death occurred at 6 55 p.m., from the causes and on the date stated above.

SIGNATURE: Stewart Clapp (Degree or title) M.D. — ADDRESS: 3921 Ingomar St. Wash. D.C. Ingomar, N.W. — DATE SIGNED: 7.9.50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 7-12-50 — NAME OF CEMETERY OR CREMATORY: Forest Lawn — LOCATION (City, town, or county) (State): Norfolk, Va

DATE REC'D BY LOCAL REG. 7-9-50 — REGISTRAR'S SIGNATURE: Helen Burroughs — 24. FUNERAL DIRECTOR: Jos. Dawley Sons — ADDRESS: Wash. D.C.

V0414

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 12 1950
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

07321

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Norwood; LENGTH OF STAY (in this place): Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rockville, R. 7 D. 3

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Norwood; STREET ADDRESS (If rural, give location): Rockville, R. 7 D. 3

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) T. (Last) Hill

4. DATE OF DEATH: (Month) 9 (Day) 4 (Year) 1956

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Feb. 3. 1861

9. AGE last birthday: 89 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward Hill

14. MOTHER'S MAIDEN NAME: Sophie Woodland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: J. Rodger Hill (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 Immediate cause (a) Chronic Myocarditis — Interval Between Onset and Death: 6 mos

932 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: L

19b. MAJOR FINDINGS OF OPERATION: C

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): L

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): C (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? C

22. I hereby certify that I attended the deceased from 5/1/49, to 7/4/57, that I last saw the deceased alive on 6/30/57, and that death occurred at 12 m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: Sandy Spring, Md. DATE SIGNED: 7/5/57

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 7-8-57

NAME OF CEMETERY OR CREMATORY: Sandy Spring

LOCATION (City, town, or county) (State): Sandy Spring, Md.

DATE REC'D BY LOCAL REG.: 7-7-57

REGISTRAR'S SIGNATURE: Gertrude B Fawler

24. FUNERAL DIRECTOR: Robert L. Snowden

ADDRESS: Rockville Md

OOOVV

RECEIVED
JUL 12 1950
BUREAU

07322

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

1. PLACE OF DEATH: COUNTY Montgomery County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takpma Park
LENGTH OF STAY (In this place) 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 2005 - T. St. S.E.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) George G. Holmes

4. DATE OF DEATH (Month) (Day) (Year) July 24.1950 19

5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 2-28-88
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Naval Gun Factory
10b. KIND OF BUSINESS OR INDUSTRY Wash. D.C.
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frank Holmes
14. MOTHER'S MAIDEN NAME Isabelle Kelser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Frank Holmes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Bladder

181X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ō Metastases to Axilla +

52b

(c) Prob to Lungs, Liver + Colon

INTERVAL BETWEEN ONSET AND DEATH ? 4 mo.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION July 10, 1950
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Bladder & Lgt Axilla, Benign Restat Poly
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 6, 1950, to July 24, 1950, that I last saw the deceased alive on July 24, 1950, and that death occurred at 4:00 p. m., from the causes and on the date stated above.

SIGNATURE Walcott W. Gibson, MD (Degree or title) ADDRESS 1503 Good Hope Rd. S.E. Wash. D.C. DATE SIGNED 7-24-50

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]
DATE THEREOF 7/26/50
NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.
LOCATION (City, town, or county) Rr. Georger (State) Md.

DATE REC'D BY LOCAL REG. 7/25/50
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Lee funeral Home 300 4th. St. n.e. Wash d.c. ADDRESS

XVX 97

RECEIVED
JUL 26 1950
BUREAU M. S.

07323

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4501 N. Chelsea Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Massachusetts COUNTY Middlesex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stoneham
STREET ADDRESS (If rural, give location) 30 Norval Ave.

3. NAME OF DECEASED (Type or Print) (First) WALTER (Middle) E. (Last) HOWE

4. DATE OF DEATH (Month) July (Day) 11, (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Oct. 1898
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe cutter
10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory
11. BIRTHPLACE (State or foreign country) Massachusetts
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Wm. P. Howe
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 010-05-8772
17. INFORMANT Walter G. Howe- Bethesda, Md. 4501 N. Chelsea La.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — death.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 7-11-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial Transit
DATE THEREOF 11July 1950
NAME OF CEMETERY OR CREMATORY Stoneham, Massachusetts
LOCATION (City, town, or county) (State) -Stoneham, Mass.

DATE REC'D BY LOCAL REG. 7-11-50
REGISTRAR'S SIGNATURE Helen Kurvalp
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

49621

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 14 1950
BUREAU V. S.

07324

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Glenmont
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Glenmont Md
STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mag (Middle) Emma (Last) Howes
4. DATE OF DEATH (Month) July (Day) 31 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 9 1881
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William H Scrivenor
14. MOTHER'S MAIDEN NAME Sarah Gaither
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) n (If yes, give war or dates of service) n
16. SOCIAL SECURITY No. no
17. INFORMANT AND ADDRESS Mrs Calvin Finneyfrock

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
447X	Immediate cause	(a) Acute Myocarditis	10 days
93a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General Arterio Sclerosis with	?
		(c) Hypertension	1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 4/2, 1949, to 7/31, 1950, that I last saw the deceased alive on 7/24, 1950, and that death occurred at 10 45 a.m., from the causes and on the date stated above.

SIGNATURE J M Bird (Degree or title) M.D. ADDRESS Sandy Spring DATE SIGNED 8/2/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 2 1950
NAME OF CEMETERY OR CREMATORY Mt Carmel
LOCATION (City, town, or county) (State) Montgomery Co Md

DATE REC'D BY LOCAL REG. 8-2-50
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Roy W Barber Laytonsville Md ADDRESS

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 10 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07325

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Own Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural, give location): 516 Goddard Rd.

3. NAME OF DECEASED (Type or Print): (First) CARRIE (Middle) L. (Last) JAMES

4. DATE OF DEATH: (Month) July (Day) 15 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 18 July 1870

9. AGE last birthday: 79 yrs. If under 1 year: Months 11 Days 27 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Meridian, Conn.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Carl F. Sorries

14. MOTHER'S MAIDEN NAME: Pauline E. Handel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Milton C. James 516 Goddard Rd. Bethesda, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
443x **Immediate cause**	(a) Acute myocardial failure	3-5 minutes
93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension arterial with	
	(c) chronic myocarditis	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 20, 1950, to July 15, 1950, that I last saw the deceased alive on July 10, 1950, and that death occurred at 5 05 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Alfred S. Norton	M.D.	546 Maple Ridge Road Bethesda, Md.	July 15, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial-Transit	July 18/50	Beaverdale Mem. Park	New Haven, Conn.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-17-50	Helen Kurosch	Robert C. Pumphrey	Bethesda, Md.

VS. A15

RECEIVED
JUL 20 1950
BUREAU V. S.

07326

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
STREET ADDRESS (If rural, give location) 1606 CODY DR.

3. NAME OF DECEASED (Type or Print) (First) FERDINAND (Middle) TIRON (Last)

4. DATE OF DEATH (Month) July (Day) 22 (Year) 1950

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH 2-20-1900
9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARTENDER
10b. KIND OF BUSINESS OR INDUSTRY RESTAURANT
11. BIRTHPLACE (State or foreign country) GUANTEMAULA, C.A.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME TIRON
14. MOTHER'S MAIDEN NAME CLARA PAZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 577-16-2183
17. INFORMANT AND ADDRESS Mrs Willa Nell Tiron, 1606 Cody Dr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Generalized carcinomatosis	3 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma stomach	± 2 yrs.
	(c)	

151x
46b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Peritoneoscopy - inoperable Carcinoma of stomach
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 16, 1950, to July 22, 1950, that I last saw the deceased alive on July 21, 1950, and that death occurred at 12:25 A.m., from the causes and on the date stated above.

SIGNATURE George I. Mishtowt, MD (Degree or title) ADDRESS 2026 R St. N.W. - Wash. D.C. DATE SIGNED 7-22-50

23. BURIAL, CREMATION REMOVAL (Specify) REMOVAL
DATE THEREOF 7-22-50
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 7/24/50
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR S. H. Hines Co., Washington, D.C. ADDRESS

71871

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JUL 28 1980
BUREAU M. S.

M

07327

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seneca, Md. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gaithersburg, R.F.D.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville, Md
STREET ADDRESS (If rural, give location) Lincoln Park

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) (Last) Johnson

4. DATE OF DEATH (Month) July (Day) 5 (Year) 1950

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Oct. 22, 1873
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY Street Cleaner
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Johnson
14. MOTHER'S MAIDEN NAME Maria - Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-147981
17. INFORMANT Daniel Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	sudden death
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-renal disease with hypertension	
131a	(c)	2 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Bronhart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 7-5-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-8-50
NAME OF CEMETERY OR CREMATORY Norbeck
LOCATION (City, town, or county) Norbeck, Md. (State)

DATE REC'D BY LOCAL REG. 7/8/50
REGISTRAR'S SIGNATURE Mrs. Peggy N. Veazey
24. FUNERAL DIRECTOR Robert L. Snowden, ADDRESS Rockville Md

Per. H. G. Burdette

98898

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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RECEIVED
JUL 18 1950
BUREAU P. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07328

Reg. Dist. No. 2-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS-A13

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OLNEY
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Montgomery County General Hospital Mc.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brookeville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary		Johnson	July	4	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored	Married	9/14/1877	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	None	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Hall	Mattie Magruder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	—	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion - Myocardial Infarction	23 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	years
	(c)	

420.1

94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
— m.		—

22. I hereby certify that I attended the deceased from June 12, 1950, to July 4, 1950, that I last saw the deceased alive on July 4, 1950, and that death occurred at 2:20 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Richard A. Yates	M.D.	Olney, Md.	July 4, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-7-50	Sandy Spring	Sandy Spring, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-6-50	Gertrude B Lawley	Robert L. Snowden	Rockville Md

RECEIVED
JUL 12 1960
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07329

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 1 mo 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 2480 16th Street, NW

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Herman	(none)	KAMINSKEI	July	12,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Single	July 21,1896	53 yrs.	11	21		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Private Business
10b. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): Latvia
12. CITIZEN OF WHAT COUNTRY? US(N)

13. FATHER'S NAME: George KAMINSKEI
14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. - - - - -
17. INFORMANT AND ADDRESS: Friend: Samuel FLATOW

18. MEDICAL CERTIFICATION Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Thrombosis left Femoral artery	10 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis left Femoral artery	7 days
260X 61	(c) Diabetes Mellitus	7 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 23, 1950, to July 12, 1950, that I last saw the deceased alive on July 12, 1950, and that death occurred at 7:50 P m., from the causes and on the date stated above.

SIGNATURE: J. T. JONES, Jr., LTJG, MC, USN (Degree or title) U. S. NAVAL HOSPITAL (ADDRESS) July 13, 1950 (DATE SIGNED)

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 17, 1950	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 13, 1950	Edith WHITTINGTON	W. W. Chambers, 3072 M Street, NW, Washington, D. C.	

M Spalding

15671

M

I

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 14 1950
BUREAU V. S.

07330

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 212

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson
LENGTH OF STAY (In this place) 36 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) Virginia (Last) Kessler

4. DATE OF DEATH (Month) 7 (Day) 16 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec 16-1913
9. AGE last birthday 36 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Agent
10b. KIND OF BUSINESS OR INDUSTRY Life Ins.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Bernard Jones
14. MOTHER'S MAIDEN NAME Marjorie Drosius

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 579-22-4005
17. INFORMANT Thomas Kessler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.1 Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

95c (c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Brosehart M.D.
ADDRESS Gaithersburg Md
DATE SIGNED 7-16-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/18/50
NAME OF CEMETERY OR CREMATORY St Mary's
LOCATION (City, town, or county) (State) Barnesville, Md

DATE REC'D BY LOCAL REG. 7/17/50
REGISTRAR'S SIGNATURE Mrs. C. C. Hilton By Mrs. W.B.H.
24. FUNERAL DIRECTOR William B. Hilton
ADDRESS Barnesville, Md 27480

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 24 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07331

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 3 mo 3 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. of Columbia; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 2900 Connecticutt Ave., NW

3. NAME OF DECEASED (Type or Print): (First) Velna (Middle) Phillips (Last) KIRACOFE

4. DATE OF DEATH: (Month) July (Day) 18, (Year) 19 50

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 4, 1912

9. AGE last birthday: 38 yrs. If under 1 year: Months 06 Days 14 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: - - - -

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James A. PHILLIPS

14. MOTHER'S MAIDEN NAME: Ada MOORE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) - - - -

16. SOCIAL SECURITY NO. - - - - -

17. INFORMANT AND ADDRESS: Husband: Warren C. KIRACOFE

18. MEDICAL CERTIFICATION: Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154x Immediate cause (a) Carcinoma rectum — Interval between onset and death: 4 yrs.

462 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized metastases

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: metastases to bladder, pelvis, vagina

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 15, 19 50, to July 18, 19 50, that I last saw the deceased alive on July 18, 19 50, and that death occurred at 2:08 A m., from the causes and on the date stated above.

SIGNATURE J. J. ZUSKA (Degree or title) CDR, MC, USN ADDRESS U. S. NAVAL HOSPITAL DATE SIGNED July 18, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: July 19, 1950

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: July 18, 1950

REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR ADDRESS: Chevy Chase Funeral Home, 5101 Wisconsin Ave., NW, Wash., D.C.

RECEIVED
JUL 19 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07332

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Goldville; LENGTH OF STAY (in this place) 1 Mo; HOSPITAL OR INSTITUTION OR STREET ADDRESS Silver Spring Md. Jolliffe's Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Mont; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beallsville; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) E (Last) Lester

4. DATE OF DEATH: (Month) July (Day) 16 (Year) 1950

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 2, 1880

9. AGE last birthday: 70 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - Retired

10b. KIND OF BUSINESS OR INDUSTRY: Blacksmith

11. BIRTHPLACE (State or foreign country): Saddle County, Va

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Lester

14. MOTHER'S MAIDEN NAME: Jennie Franks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Generalized Carcinomatosis	9 mos
163 X 47d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Carcinoma of Lung	2 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED: While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 July, 1950, to 16 July, 1950, that I last saw the deceased alive on 15 July, 1950, and that death occurred at 9:00 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Morton J. White	MD	9715 Georgia Ave Silver Spring Md	16 July 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF July 19, 1950; NAME OF CEMETERY OR CREMATORY: Beallsville Cemetery; LOCATION (City, town, or county) Beallsville; (State) Md.

DATE REC'D BY LOCAL REG. 7/18/50; REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: J. Arthur Walters; ADDRESS 254 Carroll St. Takoma Park - DC.

30885

Over

VS. A15

This patient had been under the
care of Dr John Rogers M.D. of 1009 Lemoine Rd
St. Md. for its past 2 months. I was taking
his calls on its last 2 days of his Leave of

Merton L. White M.D.

RECEIVED
JUL 19 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07333

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Potomac
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mrs. Hissey's Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural, give location): 5542 Manning Dr.

3. NAME OF DECEASED (Type or Print): (First) Garrett (Middle) Brodhead (Last) LINDERMAN

4. DATE OF DEATH: (Month) 7 (Day) 26 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 17 Nov 1864

9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal Mine Owner

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Garrett Linderman, Sr.

14. MOTHER'S MAIDEN NAME: Lucy Parker [illegible]man

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: S.E. Linderman-5542 Manning Dr. Bethesda, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Respiratory Failure	none
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Advanced Arteriosclerosis	6 years
	(c) Far advanced Cardio-vascular disease	2 years

442 x
131 a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/28, 1949, to 7/26, 1950, that I last saw the deceased alive on 7/26, 1950, and that death occurred at 11 30 P.m., from the causes and on the date stated above.

SIGNATURE: Frank Jaggers Jr. (Degree or title) M.D. ADDRESS: 5707 Wisconsin Ave Chevy Chase Md. DATE SIGNED: 7/27/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial-Transit — DATE THEREOF: 28 July 50 — NAME OF CEMETERY OR CREMATORY: Nisky Hill Cemetery — LOCATION (City, town, or county): Bethlehem — (State): Penn.

DATE REC'D BY LOCAL REG.: 7-27-50 — REGISTRAR'S SIGNATURE: Helen Kurrack — 24. FUNERAL DIRECTOR: Robert L. Humphrey — ADDRESS: Bethesda, Md.

156 V2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 31 1950
BUREAU V. S.

07334

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 2½ days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington DC.
STREET ADDRESS (If rural, give location) 3816 5th St. N.W.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Bernard (Last) Lippold
4. DATE OF DEATH (Month) 7 (Day) 13 (Year) 1950

5. SEX Male
6. COLOR OR RACE Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH 7-28-75
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Chillum Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Veit Lippold
14. MOTHER'S MAIDEN NAME Margretta ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
420.0	Immediate cause	(a) Cardiac failure	months
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosklerotic heart disease	years
		(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1950, to July 13, 1950, that I last saw the deceased alive on July 12, 1950, and that death occurred at 5 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Frederic Brunnwald M.D. Takoma Park, Md. July 13, 1950

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF 7/17/50
NAME OF CEMETERY OR CREMATORY Cedar Hill Cem
LOCATION (City, town, or county) Pr George's Co. (State) Md

DATE REC'D BY LOCAL REG. 7/13/50
REGISTRAR'S SIGNATURE J. Hobson Dodd
24. FUNERAL DIRECTOR W.W. Chambers Co ADDRESS 1400 Chapin St Wash. D.C. N.W.

XUX99

RECEIVED
JUL 17 1950
BUREAU P. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07335

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (In this place): 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Maple Lane Nursing Home 10,000 Georgia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Darnestown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) ALICE (Middle) JULIA (Last) LAWDEN

4. DATE OF DEATH: (Month) JULY (Day) 10 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 21, 1872

9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James McCoy

14. MOTHER'S MAIDEN NAME: Charity De Witt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Dr. Henry M. Lowden - son
5607 Vernon Place, Bethesda, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

722.0 **Immediate cause** (a) ACUTE MYOCARDITIS

93a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) PARALYSIS AGITANS

(c) RHEUMATOID ARTHRITIS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. SENILITY

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NONE

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): NONE m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1947, to July 11, 1950 that I last saw the deceased alive on July 10, 1950, and that death occurred at 6.30 p.m., from the causes and on the date stated above.

SIGNATURE: Henry M. Lowden — (Degree or title): M.D — ADDRESS: 1603 19th St. N.W. — DATE SIGNED: 7-10-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 13, 1950 — NAME OF CEMETERY OR CREMATORY: Darnestown Presbyterian Church Cem. — LOCATION (City, town, or county) (State): Darnestown, Maryland

DATE REC'D BY LOCAL REG.: 7/12/50 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR — ADDRESS: Warner E. Pumphrey, Silver Spring, Md.

VS. A15

RECEIVED
JUL 15 1950
BUREAU V. B.

07336

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 2 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. of Columbia; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 11 Needler Green, SW

3. NAME OF DECEASED (Type or Print): (First) (none) Joseph (Middle) (none) (Last) MAC ARTHUR

4. DATE OF DEATH: (Month) July (Day) 16, (Year) 19 50

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 16,1950

9. AGE last birthday: 00 yrs. If under 1 year: Months 00 Days 00 If under 24 hrs.: Hours 02 Min. 4

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - - -

10b. KIND OF BUSINESS OR INDUSTRY: - - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Joseph J. MAC ARTHUR

14. MOTHER'S MAIDEN NAME: Barbra Jean IRVIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) - - -

16. SOCIAL SECURITY NO. - - ---

17. INFORMANT AND ADDRESS: Mother: Barbra Jean MAC ARTHUR

18. MEDICAL CERTIFICATION: Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776 Immediate cause (a) Immaturity — Interval between onset and death:

159 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 16 19 50, to July 16, 19 50, that I last saw the deceased alive on July 16, 19 50, and that death occurred at 5:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

L. M. HARRIS, CAPTAIN, MC, USN U.S. NAVAL HOSPITAL July 17,1950

23. BURIAL, CREMATION REMOVAL (Specify): Disposition

DATE THEREOF: July 17,1950

NAME OF CEMETERY OR CREMATORY: Naval Medical School

LOCATION (City, town, or county) (State): Bethesda, Maryland

DATE REC'D BY LOCAL REG. July 17,1950

REGISTRAR'S SIGNATURE: Edith Worthington

24. FUNERAL DIRECTOR: None ADDRESS

2-0-7-16-0-23-2-20-0

RECEIVED
JUL 21 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07337

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park | LENGTH OF STAY (in this place) 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San & Ed Hospital. Takoma Park. Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs.
STREET ADDRESS (If rural, give location) 9205 Bristol Ave

3. NAME OF DECEASED (Type or Print): (First) Cora (Middle) L (Last) Manly

4. DATE OF DEATH: (Month) July (Day) 5 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-12-81

9. AGE last birthday: 69 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Waterford Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel F. Keyses

14. MOTHER'S MAIDEN NAME: Annie Rinker.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	3 days.
331x Antecedent cause(s)		
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	years
	(c) Arteriosclerosis	years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1949, to July 5, 1950, that I last saw the deceased alive on July 4, 1950, and that death occurred at 3:30 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Robert A Stare M.D. | Takoma Park, Md. | 7/5/50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE 7/8/50 | NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cem | LOCATION (City, town, or county) Ft. Georges | (State) Md

DATE REC'D BY LOCAL REG. 7/5/50 | REGISTRAR'S SIGNATURE L. Wilson Dodd | 24. FUNERAL DIRECTOR Deal Funeral Home | ADDRESS 4612 Ga. Ave. N.W. Wash D.C.

VS. A15

RECEIVED
JUL 7 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07338

Reg. Dist. No. 2/4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2005 Luzerne Ave.	STREET ADDRESS (If rural, give location) 2005 Luzerne Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Noah		Marriam	7	5	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	Sept. 2, 1867	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own Farm	Granby, New York	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Hollister Merriam	Isabell McLeish

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	Mrs. Margaret Mariam Koback 2005 Luzerne Ave., Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163x **Immediate cause** (a) Carcinoma of lungs — Interval between onset and death: (?) Months

47d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 19, 1950, to July 5, 1950, that I last saw the deceased alive on July 5, 1950, and that death occurred at 10:30 A.m., from the causes and on the date stated above.

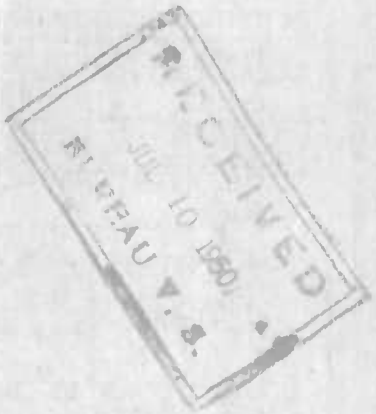
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Karl Doetsch MD	3130 Wisconsin Ave NW · Wash. DC.	7-6-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial & Transit	7/7/50	Mount Pleasant Cemetery	Westchester Co., New York

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/6/50	Frances Potter	Warner & Pumphrey	Silver Spring, Md.

VS-A15

000VV


RECEIVED
JUL 10 1980
FT. UFFAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07339

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville (rural)
LENGTH OF STAY (in this place) 24 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD #2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) RFD #2

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Sterling (Last) Marsden

4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov 28 1891

9. AGE last birthday: 58 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wilbur F Nash

14. MOTHER'S MAIDEN NAME: Harriet E. Sloat

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Roger D. Marsden

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary occlusion	sudden
94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	death
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Frank J. Broccard M.D. Gaithersburg md 7-19-50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

7/22/50 Ft Lincoln Cemetery Prince Georges Co md

DATE REC'D BY LOCAL REG. 7/20/50 | REGISTRAR'S SIGNATURE Frances Potter | 24. FUNERAL DIRECTOR | ADDRESS

A. H. Hines Co 2901-14 st NW D.C.

RECEIVED
JUL 21 1950
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07340

CERTIFICATE OF DEATH

Reg. Dist. No. 218

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Metropolitan Grove; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Gaithersburg R.7.D.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Metropolitan Grove; STREET ADDRESS (If rural, give location) Gaithersburg, R.7.D.

3. NAME OF DECEASED (Type or Print): (First) Nellie (Middle) A. (Last) Mason

4. DATE OF DEATH: (Month) July (Day) 9, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Apr. 20 1887

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: George Taylor

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Nichols

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

332x Immediate cause (a) Cerebral thrombosis

83b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1950 to July 9, 1950, that I last saw the deceased alive on July 9, 1950, and that death occurred at 2:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS 26 Watkins ave, Gaithersburg, Md DATE SIGNED July 9, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7-12-1950

NAME OF CEMETERY OR CREMATORY: Sugarland

LOCATION (City, town, or county) (State): Sugarland, Md.

DATE REC'D BY LOCAL REG.: July 12, 1950

REGISTRAR'S SIGNATURE: Rhuda L. Cooke

24. FUNERAL DIRECTOR: Robert L. Snowden

ADDRESS: Rockville, Md

VS. A15

RECEIVED
JUL 15 1950
BUREAU V. S.

Evidence for change in #8
as shown in:

07341

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 127 SEP 7 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OINEY
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monrovia
STREET ADDRESS (If rural, give location) R# 1

3. NAME OF DECEASED (Type or Print) (First) Madeline (Middle) (Last) Mathis

4. DATE OF DEATH (Month) July (Day) 10 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 9/3/1928 27
9. AGE last birthday 221 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Lawson
14. MOTHER'S MAIDEN NAME Florence Fugit

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Intestinal obstruction 2 ns	48 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Intestinal Obstruction due to	
	(c) Intussusception	48 hours

570.0
122b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Intussusception

19a. DATE OF OPERATION 7/2/50
19b. MAJOR FINDINGS OF OPERATION Intussusception
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ (CITY OR TOWN) ✓ (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 6/29/, 1950, to 7/10, 1951, that I last saw the deceased alive on 7/10/, 1950, and that death occurred at 5:15 P.m., from the causes and on the date stated above.

SIGNATURE J. W. Bird (Degree or title) ADDRESS Sandy Spring Montg DATE SIGNED 7/10/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 13, 1950
NAME OF CEMETERY OR CREMATORY Seals Cemetery
LOCATION (City, town, or county) Montgomery (State) Md

DATE REC'D BY LOCAL REG. 7-10-50
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Roy W Barber Laytonsville ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 17 1950
BUREAU V. S.

M

07342

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 24 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 120 Willow ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md.
STREET ADDRESS (If rural, give location) 120 Willow ave.

3. NAME OF DECEASED (Type or Print) (First) Amelia (Middle) H. (Last) McArthur
4. DATE OF DEATH (Month) July (Day) 1 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Feb. 23, 1860
9. AGE last birthday 90 yrs. If under 1 year Months ~~4~~ Days ~~7~~ If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Hamilton, Canada
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Albert Knapp —
14. MOTHER'S MAIDEN NAME Charlotte Hemmenway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mr. John B. McArthur - 120 Willow ave Takoma Park Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
420.0	Immediate cause	(a) Arteriosclerotic Heart Disease	—
186a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	—
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured right hip 3/2/50

19a. DATE OF OPERATION 3/6/50 - 19b. MAJOR FINDINGS OF OPERATION Right hip nailed.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 30, 1950, to July 1, 1950, that I last saw the deceased alive on July 1, 1950, and that death occurred at 11 10 p. m., from the causes and on the date stated above.

SIGNATURE J. Marion Bankhead (Degree or title) M.D. ADDRESS 9401 Sutton Place Silver Spring Md DATE SIGNED 7/1/50

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF July 5-1950 NAME OF CEMETERY OR CREMATORY Rock Creek Cem LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. 7/2/50 REGISTRAR'S SIGNATURE J. Milton Dodd 24. FUNERAL DIRECTOR The C. H. Hines Co. ADDRESS 290-14th St. N.W. Wash. D.C.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

Medical Examiner notified & he O.K.'d certificate.

J Marion Bankhead.

RECEIVED
JUL 5 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07343

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (in this place) 55 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C.; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 5420 Conn. Ave., N.W., D.C.

3. NAME OF DECEASED (Type or Print): (First) Clara (Middle) L. ~~Elizabeth~~ (Last) McCandless

4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Sept. 14, 1880

9. AGE last birthday: 69 yrs. If under 1 year: Months 10, Days 24, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Sheldon, Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry T. Lanning

14. MOTHER'S MAIDEN NAME: Harriet L. McElwain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Washington San. & Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
410X	Immediate cause	(a) Hypertensive Heart Disease. Mitral Stenosis	20 yrs.
92.0	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congestive failure. Terminal uremia	1 yr. 2 days
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 45, to July 29 19 50, that I last saw the deceased alive on July 28, 19 50, and that death occurred at 1:05 P.M., from the causes and on the date stated above.

SIGNATURE Geo. W. Holohan (Degree or title) M.D. ADDRESS 500 Underwood St. N.W. Wash. DC DATE SIGNED 7/29/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jul. 31, 1950		Sheldon, Iowa

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/30/50	J. Wilson Dodd	JOSEPH GAWLER'S SONS	1756 Pa Ave., nw Wash, D.C.

RECEIVED
AUG 2 1950
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MARYLAND STATE DEPARTMENT OF HEALTH

07344

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS SUBURBAN HOSPITAL 8600 OLD GEORGETOWN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington; STREET ADDRESS (If rural, give location) 26 St Paul St.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Mullen (Last) McCloud

4. DATE OF DEATH: (Month) July (Day) 17 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 23 1891

9. AGE last birthday: 58 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Law Book Firm

10b. KIND OF BUSINESS OR INDUSTRY: Self Emp.

11. BIRTHPLACE (State or foreign country): Omaha Neb.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Imri L. McCloud

14. MOTHER'S MAIDEN NAME: Catherine Mullen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 578-26-0591

17. INFORMANT AND ADDRESS: George J McCloud Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — Interval Between Onset and Death: 48 hours

332x

Antecedent cause(s)

108 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Thrombosis — 64 hours

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1950, to July 17, 1950, that I last saw the deceased alive on July 17, 1950, and that death occurred at 11:55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert G. Craig M.D. 106 Del Ray Ave Bethesda Md 7/18/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 7/20/50 — NAME OF CEMETERY OR CREMATORY: Rock Creek — LOCATION (City, town, or county) (State): Wash. DC

DATE REC'D BY LOCAL REG. 7-18-50

REGISTRAR'S SIGNATURE: Helen Kurvach

24. FUNERAL DIRECTOR: Stanley L Hanlon — ADDRESS: 64 21 H. NE

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XVX 14

512 Maple Ridge Rd.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 4 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jofliffe Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 8021 Eastern ave
STREET ADDRESS (If rural, give location) Silver Spring Md.

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) N. (Last) McCulloch

4. DATE OF DEATH (Month) July (Day) 17 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 3-18-1877
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Government Employee
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Greenville South Carolina
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles McCulloch
14. MOTHER'S MAIDEN NAME Elizabeth Rate

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs E. A. Finlayson 8021 Eastern ave Silver Sp. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Coronary Heart Disease	2 yrs
420.1 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Hypertension & Arteriosclerosis	10 "
	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Thrombophlebitis, Rt. Leg — 2 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 3, 1948, to July 17, 1950, that I last saw the deceased alive on July 17, 1950, and that death occurred at 4:35 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Theodore J. Abernethy, M.D. ADDRESS 1834 Eye St. N.W. Wash. 6 D.C. DATE SIGNED 7/17/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-19-50
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Greenville South Carolina

DATE REC'D BY LOCAL REG. 7/18/50
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR The S. H. Hines Co ADDRESS 2901-14 St N.W. Washington 9. D.C.

XVX97

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS A15

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07346

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md.
LENGTH OF STAY (in this place) 35 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location) 1523 22nd St. N.W.

3. NAME OF DECEASED (Type or Print) (First) Rebekah (Middle) Beverly (Last) McGill

4. DATE OF DEATH (Month) July (Day) 5 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 1-12-79

9. AGE last birthday 71 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Culpepper Co. Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John McGill

14. MOTHER'S MAIDEN NAME Virginia Beverly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

163x Immediate cause (a) Adeno carcinoma bronchus — 6 mo, +

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 47c (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-15, 1950, to 7-5, 1950 that I last saw the deceased alive on 7-5, 1950, and that death occurred at 8:45 P.m., from the causes and on the date stated above.

SIGNATURE John F. Brounsberger (Degree or title) M.D. ADDRESS Takoma Park - Maryland DATE SIGNED JUL 6 1950

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 7/8/50 | NAME OF CEMETERY OR CREMATORY Ft Lyon Mem | LOCATION (City, town, or county) Ft Leavenworth (State) Kans

DATE REC'D BY LOCAL REG. 7/6/50 | REGISTRAR'S SIGNATURE J. Hutton Wood

24. FUNERAL DIRECTOR ADDRESS The D.H. Hines Co. 2904-14th St. N.W. East D.C.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07347

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Florida — COUNTY: Volusia
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Daytona Beach
STREET ADDRESS (If rural, give location): 430 Vermont Avenue

3. NAME OF DECEASED (Type or Print): (First) Michael (Middle) Miller (Last) MC MAHON

4. DATE OF DEATH: (Month) July (Day) 1, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 15, 1946

9. AGE last birthday: 03 yrs. If under 1 year: Months 10 Days 16 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - - -

10b. KIND OF BUSINESS OR INDUSTRY: - - - -

11. BIRTHPLACE (State or foreign country): Florida

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John L. MC MAHON, Jr.

14. MOTHER'S MAIDEN NAME: Joy SIBLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): - - -

16. SOCIAL SECURITY NO.: - - - -

17. INFORMANT: Father: John L. MC MAHON, Jr.

18. MEDICAL CERTIFICATION: Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Respiratory Failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Brain Tumor Glioma (Vermis)	3 mos
	(c)	

193X
540

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 27, 1950, to July 1, 1950, that I last saw the deceased alive on July 1, 1950, and that death occurred at 7:35 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. C. MC NERNEY, CDR, MC, USN | ADDRESS: U. S. NAVAL HOSPITAL | DATE SIGNED: July 1, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial-Transit | DATE THEREOF: July 1, 1950 | NAME OF CEMETERY OR CREMATORY: Not known | LOCATION (City, town, or county) (State): Daytona Beach, Florida

DATE REC'D BY LOCAL REG.: July 1, 1950 | REGISTRAR'S SIGNATURE: Edith WHITTINGTON

24. FUNERAL DIRECTOR: Robert A. Pumphrey, ADDRESS: 7557 Wisconsin Avenue, Bethesda, Maryland.

VS. A15

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07348

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH · COUNTY MONTG MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md. COUNTY MONT'G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FAIRLAND — LENGTH OF STAY (in this place) LIFE	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FAIRLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD #2 Sil Spg. Md.	STREET ADDRESS (If rural, give location) R.F.D. #2, SILVER SPRING.

3. NAME OF DECEASED (Type or Print) (First) CORA (Middle) (Last) MILES			4. DATE OF DEATH (Month) JULY (Day) 31, (Year) 1950		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	8. DATE OF BIRTH MAY 30, 1879	9. AGE last birthday 71 yrs.	If under 1 year Months — Days — If under 24 hrs. Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY? OWN HOME		11. BIRTHPLACE (State or foreign country) FAIRLAND, Md.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME BENJAMIN FRANKLIN MILES			14. MOTHER'S MAIDEN NAME HARRIET ELIZABETH.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war, or dates of service) NO	16. SOCIAL SECURITY NO. NONE		17. INFORMANT AND ADDRESS MISS FLORENCE MILES, FAIRLAND, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
443x Immediate cause	(a) General anemia	5
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension Hypertensive Heart disease	1 yr
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/27, 1950, to 7/31, 1950, that I last saw the deceased alive on 7/31, 1950, and that death occurred at 11 30 a.m., from the causes and on the date stated above.

SIGNATURE N B Daniel (Degree or title) ADDRESS Laurel Md DATE SIGNED 7/31/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Aug 3, 1950	NAME OF CEMETERY OR CREMATORY Ivy Hill Cemetery	LOCATION (City, town, or county) (State) laurel, Md.
DATE REC'D BY LOCAL REG. Aug 1/50	REGISTRAR'S SIGNATURE Frances Potter	24. FUNERAL DIRECTOR J. Arthur Walters 254 Carroll St Tak Park DC	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
AUG 3 1950
BUREAU V. S

07349

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age if especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OINEY
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Montgomery County General Hospital Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ilchester
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) BABY (Middle) Boy (Last) Miller

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7/2/50

9. AGE last birthday: yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min. 56

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Miller

14. MOTHER'S MAIDEN NAME: Anna Marie Dodson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity (26 weeks) — Interval between onset and death: 56 mins

776X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

159 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 2, 1950, to July 2, 1950, that I last saw the deceased alive on July 2, 1950, and that death occurred at 8:20 A m., from the causes and on the date stated above.

SIGNATURE: Charles S. Whitaker (Degree or title) M.D. ADDRESS: Clarksville, Md. DATE SIGNED: July 2, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 3 1950 — NAME OF CEMETERY OR CREMATORY: St. Johns — LOCATION (City, town, or county) (State): Elkott City, Md.

DATE REC'D BY LOCAL REG. 7-2-50 — REGISTRAR'S SIGNATURE: Gertrude B. Sadler — 24. FUNERAL DIRECTOR: Eastern Sons — ADDRESS: Elkott City, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07350

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 1 mo 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Florida — COUNTY: Not known
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Jacksonville
STREET ADDRESS (If rural, give location): 2045 Moncrief Road

3. NAME OF DECEASED (Type or Print): (First) Smith (Middle) Marion (Last) MORGAN Jr.

4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 18, 1888

9. AGE last birthday: 62 yrs. If under 1 year: Months 03 Days 12 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Not known

10b. KIND OF BUSINESS OR INDUSTRY: - - - -

11. BIRTHPLACE (State or foreign country): Louisiana

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Smith Marion MORGAN, Sr.

14. MOTHER'S MAIDEN NAME: Nancy POWER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): YES (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: - - - -

17. INFORMANT AND ADDRESS: Wife: Vivian MORGAN

18. MEDICAL CERTIFICATION — Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Multiple lung abscesses	One month
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Metastatic fibrosarcoma	
	(c) Fibrosarcoma, primary in bone	8 months

176x
55b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 31, 1950, to July 10, 1950, that I last saw the deceased alive on July 10, 1950, and that death occurred at 2:10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): D. SINGER, CDR, MC, USN

ADDRESS: U.S. NAVAL HOSPITAL

DATE SIGNED: July 10, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF:

NAME OF CEMETERY OR CREMATORY: Not known

LOCATION (City, town, or county) (State): Jacksonville, Florida

DATE REC'D BY LOCAL REG.: July 10, 1950

REGISTRAR'S SIGNATURE: Edith WHITTINGTON

24. FUNERAL DIRECTOR: W. E. Jarvis Funeral Home

ADDRESS: 1432 U Street, NW, Washington, D. C.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07351

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS SUBURBAN HOSPITAL 8600 OLD GEORGETOWN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4601 Harling Lane

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Elizabeth (Last) Mullen
4. DATE OF DEATH (Month) 7 (Day) 29 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 2/18/95
9. AGE last birthday 55 yrs. If under 1 year: Months 5 Days 11 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker
10b. KIND OF BUSINESS OR INDUSTRY xx
11. BIRTHPLACE (State or foreign country) South Carolina
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William Lyons
14. MOTHER'S MAIDEN NAME Minnie Harbeson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Catherine E. Mullen - 3218 Wis. Ave. N.W. Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
420.0	Immediate cause	(a) Coronary Thrombosis - Left Coronary	5 min.
93d	Antecedent cause(s)	(b) Hypertensive Arteriosclerotic Heart Disease	10 yr.
	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Myocardial Infarction +	3 weeks

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Infarction Rt + Left lungs lower lobes 2 weeks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to 29 July, 1950, that I last saw the deceased alive on 29 July, 1950, and that death occurred at 6 05 P.m., from the causes and on the date stated above.

SIGNATURE John G Ball (Degree or title) M.D. ADDRESS 7936 Georgetown Rd. Beth. Md DATE SIGNED 30 July 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8/2/50
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery
LOCATION (City, town, or county) (State) Prince Georges Co. Md.
DATE REC'D BY LOCAL REG. 7-31-50
REGISTRAR'S SIGNATURE Helen Kurvack
24. FUNERAL DIRECTOR Robert A Pumphrey ADDRESS Bethesda, Md

2

52086

RECEIVED
AUG 1 1960
BUREAU Y. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07352

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE California; COUNTY San Diego
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN San Diego
STREET ADDRESS (If rural, give location) 3346 Gaines Street ✓

3. NAME OF DECEASED (Type or Print): (First) Mary Judith Kay; (Middle); (Last) OZOL

4. DATE OF DEATH: (Month) July (Day) 26, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: July 23, 1950

9. AGE last birthday: 00 yrs. If under 1 year: Months 00 Days 04 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - - -

10b. KIND OF BUSINESS OR INDUSTRY: - - - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Karl OZOL

14. MOTHER'S MAIDEN NAME: Joyce Josephine PAGANA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) - - -

16. SOCIAL SECURITY NO. - - - - -

17. INFORMANT AND ADDRESS: Mother: Joyce J. OZOL

18. MEDICAL CERTIFICATION: Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Immaturity

7695 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 159 (b) Premature labor, toxemia

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 23, 1950, to July 26, 1950, that I last saw the deceased alive on July 26, 1950, and that death occurred at 7:50 P m., from the causes and on the date stated above.

SIGNATURE L. M. HARRIS, CAPTAIN, MC, USN (Degree or title) U. S. NAVAL HOSPITAL ADDRESS July 27, 1950 DATE SIGNED

23. BURIAL, CREMATION REMOVAL, (Specify) Disposition; DATE THEREOF July 27, 1950; NAME OF CEMETERY OR CREMATORY U.S. N. Medical School; LOCATION (City, town, or county) Bethesda, Maryland (State)

DATE REC'D BY LOCAL REG. July 27, 1950; REGISTRAR'S SIGNATURE Ercil Whittington

24. FUNERAL DIRECTOR None ADDRESS

2-0-7-23-0-20-2-26-0

RECEIVED
JUL 28 1960
BUREAU V. S.

07353

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 9 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11702 Idlewood Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 11702 Idlewood Rd

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Nelson (Last) Palmers

4. DATE OF DEATH (Month) July (Day) 24 (Year) 1950

5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Sept 22, '84
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer
10b. KIND OF BUSINESS OR INDUSTRY unskilled
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Henry Palmer
14. MOTHER'S MAIDEN NAME Sarah C. Freeland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-05-8676A
17. INFORMANT Lawrence Wm Palmer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)
(c)

420.1
9.4a

INTERVAL BETWEEN ONSET AND DEATH: sudden death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Bowschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 7-24-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/26/50
NAME OF CEMETERY OR CREMATORY Mt Zion Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland Freelands

DATE REC'D BY LOCAL REG. 7/24/50
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS Silver Spring, Md.

98899

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 26 1960
BUREAU V. S.

M

07355

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3512 Ely Place, S.E.

3. NAME OF DECEASED (Type or Print) (First) Ralph (Middle) Melvin (Last) PASCOE
4. DATE OF DEATH (Month) July (Day) 30, (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug. 2, 1918
9. AGE last birthday 31 yrs. If under 1 year Months 11 Days 28 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telephone Worker
10b. KIND OF BUSINESS OR INDUSTRY Communications
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Ralph PASCOE
14. MOTHER'S MAIDEN NAME Elsie KEISER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. - - - - -
17. INFORMANT AND ADDRESS Wife: Mildred J. PASCOE

18. MEDICAL CERTIFICATION Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

274X Immediate cause (a) Addison's Disease — INTERVAL BETWEEN ONSET AND DEATH 6 Md

65a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 27, 1950, to July 30, 1950, that I last saw the deceased alive on July 30, 1950, and that death occurred at 2:10 P.m., from the causes and on the date stated above.

SIGNATURE J. T. JONES, Jr., LTJG, MC, USN (Degree or title) ADDRESS U. S. NAVAL HOSPITAL DATE SIGNED July 31, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 2, 1950
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. July 31, 1950
REGISTRAR'S SIGNATURE Edith Whittington
24. FUNERAL DIRECTOR W. W. Chambers, 1400 Chapin Street, NW, Washington, D.C. ADDRESS R.A.R. 49655

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07354

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Dist. of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1300 Main Avenue, SW

3. NAME OF DECEASED (Type or Print): (First) Lily (Middle) SHIO (Last) PAULL

4. DATE OF DEATH: (Month) July (Day) 9 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Mongolian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 20, 1923

9. AGE last birthday: 27 yrs. If under 1 year: Months 04 Days 19 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: - - - -

11. BIRTHPLACE (State or foreign country): Washington

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Shozo SHIO

14. MOTHER'S MAIDEN NAME: Tauru SHIO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): - - -

16. SOCIAL SECURITY NO.: - - - -

17. INFORMANT AND ADDRESS: Husband: Walter W. PAULL

18. MEDICAL CERTIFICATION — Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardio Respiratory Failure	6 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Severe anemia	3 mos
201X 446	(c) Hodgkins Disease	3-4 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 14, 1950, to July 9, 1950, that I last saw the deceased alive on July 9, 1950, and that death occurred at 3:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): E. M. SPAULDING, CDR, MC, USN — ADDRESS: U. S. NAVAL HOSPITAL — DATE SIGNED: July 10, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Cremation — DATE THEREOF: July 10, 1950 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Crematory — LOCATION (City, town, or county) (State): Suitland, Maryland

DATE REC'D BY LOCAL REG.: July 10, 1950 — REGISTRAR'S SIGNATURE: Edith WHITTINGTON

24. FUNERAL DIRECTOR — ADDRESS: Wastler Funeral Home, 301 East Capitol St., Washington, D. C. D. C. D.

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07356

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Rockville — LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waverley Sanitarium Rockville, md

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Washington D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN As above
STREET ADDRESS (If rural, give location) 1523-22nd St. N.W. Washington D.C.

3. NAME OF DECEASED (Type or Print): (First) Roberta (Middle) Abbott (Last) Patterson

4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1950

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed — 8. DATE OF BIRTH: Aug. 4-1865 — 9. AGE last birthday: 84 yrs. — If under 1 year: Months 11, Days 6, Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: Her home — 11. BIRTHPLACE (State or foreign country): Delaware — 12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: George Robert Johnson — 14. MOTHER'S MAIDEN NAME: Annie Chadwick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): —

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Lucy D. Johnson - 1523-22nd St. N.W. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Chronic myocardial insufficiency 422.1	2 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Arteriosclerosis 932	4 years
(c)	—	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN): — (COUNTY): — (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan. 1st 1948, to July 10, 1950, that I last saw the deceased alive on July 10, 1950, and that death occurred at 9:00 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Wheeler O. Huff - M.D. - Bethesda, Md. — July 10-1950.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: July 12, 1950 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county): Arlington, — (State): VA.

DATE REC'D BY LOCAL REG. 7-10-50 — REGISTRAR'S SIGNATURE: Helen Kinnoch — 24. FUNERAL DIRECTOR — ADDRESS: Joseph Gawler's Sons 1756 Pa. Ave. N. W.

VS: A15

RECEIVED
JUL 14 1950
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

07357

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SUBURBAN HOSPITAL 8600 OLD GEORGETOWN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
STREET ADDRESS (If rural, give location): 4017 Leland St.

3. NAME OF DECEASED (Type or Print): (First) Irving (Middle) W. (Last) Payne
4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	6-16-83	67 yrs.	0	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Architect-Landscape	U.S.Gov't.	New York	USA

13. FATHER'S NAME: Andrew Payne
14. MOTHER'S MAIDEN NAME: Synthia Christie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Evelyn Rose Payne 4017 Leland St. Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Myocardial infarction

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Thrombosis, rt coronary artery

(c) Coronary arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 26, 1950, to July 10, 1950, that I last saw the deceased alive on July 9, 1950, and that death occurred at 7 A. m. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Emil G. Bauerfeind M.D. July 11-1950.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial-Transit	14 July 1950	Puritan Lawn	Lynnfield, Massachusetts

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-11-50	Helen Kurvack Asst. Registrar	Robert A. Dunphrey	Bethesda, Md.

VS-A15

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RECEIVED
JUL 14 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07358

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 8400 Cedar Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Silver Spring COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural, give location) 8400 Cedar Street

3. NAME OF DECEASED (Type or Print): (First) PAT (Middle) (Last) PEAVEY

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 19 50

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Sept. 10, 1869

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Mississippi

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Oakley

14. MOTHER'S MAIDEN NAME: Frances Yeager

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Son: James A. Peavey - 8400 Cedar St., S. S., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis	3 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senility	.7
	(c) Breast Carcinoma	10 yrs.

170 x 50

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Stomach Ulcer with resection of Stomach

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to July 1, 1950, that I last saw the deceased alive on July 1, 1950, and that death occurred at 1:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank A. Zack M.D. 8248 Georgia Ave Silver Spring 7-1-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 3 1950	Ft. Lincoln Cemetery	Prince George County, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-3-50	Mrs. Frances Potter	Warner E. Pumphrey	Silver Spring, Md.

VS. A15

pm-g.

RECEIVED
JUL 5 1950
BUREAU T.-M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07359

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (in this place) 5 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY MONTGOMERY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase 15; STREET ADDRESS (If rural, give location) 116 Western Avenue

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) Josephine (Last) Post

4. DATE OF DEATH: (Month) July (Day) 14 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): ~~Married~~

8. DATE OF BIRTH: 9-14-77

9. AGE last birthday: 72 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Franklin Sanner

14. MOTHER'S MAIDEN NAME: Laura King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Woodruff S. Post (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

410x **Immediate cause** (a) Uremia — weeks

92b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mitral insufficiency, arteriosclerotic heart disease — years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 9, 1950, to July 14, 1950, that I last saw the deceased alive on July 14, 1950, and that death occurred at 3:25 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frederic Brenneman M.D. Takoma Park, Md. July 14, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 7/17/50

NAME OF CEMETERY OR CREMATORY: Rock Creek Cemetery

LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG. 7/14/50

REGISTRAR'S SIGNATURE: J. Wilson Dodd

24. FUNERAL DIRECTOR: The S. H. Hines Co. ADDRESS 2901-14th St. N.W. Wash. D.C.

RECEIVED
JUL 19 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07360

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OLNEY
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.F.D. #1 Silver Spring
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Clarence (Middle) E. (Last) Queen

4. DATE OF DEATH (Month) (Day) (Year) July 10, 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 9/13/1886

9. AGE last birthday 63 yrs.
If under 1 year Months / Days
If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel Queen

14. MOTHER'S MAIDEN NAME Violet Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS Katie H. Queen 8807 Georgia Ave Silver Spring Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Myocardial Infarction — 13 hrs

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Artery Disease — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to July 10, 1950, that I last saw the deceased alive on July 10, 1950, and that death occurred at 5:12 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
A. D. Bonjack M. D. Sandy Spring, Md. July 10, 1950

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/12/50
NAME OF CEMETERY OR CREMATORY Colesville Cemetery
LOCATION (City, town, or county) (State) Colesville, Maryland

DATE REC'D BY LOCAL REG. 7-13-50
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Warner & Pumphrey ADDRESS Silver Spring, Md.

866 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 17 1950
BUREAU V. S.

07361

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place): 1 mo 28 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Dist. of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 6905 Willow Street, NW

3. NAME OF DECEASED (Type or Print): (First) Elwood (Middle) Francis (Last) QUEEN
4. DATE OF DEATH: (Month) July (Day) 25, (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov. 23, 1894
9. AGE last birthday: 55 yrs. — If under 1 year: Months 08, Days 02 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Various Oil Burner
11. BIRTHPLACE (State or foreign country): District of Columbia
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Frank QUEEN
14. MOTHER'S MAIDEN NAME: Ada SHOEMAKER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WW I II
16. SOCIAL SECURITY No.: - - - - -
17. INFORMANT AND ADDRESS: Wife: May V. QUEEN

18. MEDICAL CERTIFICATION Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

203x Immediate cause (a) Multiple Hydrolysis — 4 Mo

55e Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 29, 1950, to July 25, 1950, that I last saw the deceased alive on July 25, 1950, and that death occurred at 1:05 P.m., from the causes and on the date stated above.

SIGNATURE: J. T. JONES, Jr., LTJG, MC, USN (Degree or title) — ADDRESS: U. S. NAVAL HOSPITAL — DATE SIGNED: July 26, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 28, 1950 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: July 26, 1950 — REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR — ADDRESS: Takoma Funeral Home, 254 Carroll St., NW, Washington, D.C.

33673 J. Arthur Walters by Wm. S. Clark

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 27 1960
BUREAU V. A.

07362

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Garrett Park
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Georgetown Prep.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) Georgetown Univ.

3. NAME OF DECEASED (Type or Print) (First) Francis (Middle) W. (Last) Quinn
4. DATE OF DEATH (Month) July (Day) 24 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 1-26-'11
9. AGE last birthday 39 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Priest
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pittsburgh, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Robt C. Quinn Sr.
14. MOTHER'S MAIDEN NAME Sarah E. Vernon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Georgetown Univ. Record

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden death

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 7-24-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 7/24/50
NAME OF CEMETERY OR CREMATORY Washington D.C.
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 7-24-50
REGISTRAR'S SIGNATURE Helen Kurvalk Jr.
24. FUNERAL DIRECTOR Timothy Hanlon Funeral Home ADDRESS

V 08 94 641-H St N.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15A

RECEIVED
JUL 27 1960
BUREAU V. S.

M

07363

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH · COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Dist. of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place): 1 3/4 hrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital	STREET ADDRESS (If rural, give location): 14 4th Street, SE

3. NAME OF DECEASED (Type or Print)	(First) James	(Middle) Andrew	(Last) RAILEY	4. DATE OF DEATH	(Month) July (Day) 18, (Year) 1950
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: May 20, 1880	9. AGE last birthday: 70 yrs.	If under 1 year: Months 01, Days 28; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard	10b. KIND OF BUSINESS OR INDUSTRY: US Gov't	11. BIRTHPLACE (State or foreign country): District of Columbia	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME: Robert M. RAILEY	14. MOTHER'S MAIDEN NAME: Mathilda BENDER				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): SpAmer WW	16. SOCIAL SECURITY NO.: I - - - -	17. INFORMANT AND ADDRESS: Wife: Catherine R. RAILEY			

18. MEDICAL CERTIFICATION Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.0	Immediate cause	(a) Coronary Thrombosis, acute	6 hrs.
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 17, 1950, to July 18, 1950, that I last saw the deceased alive on July 18, 1950, and that death occurred at 12:14 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. J. McCarthy	R. J. MC CARTHY, LTJG, MC, USN	U.S. NAVAL HOSPITAL	July 18, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: July 21, 1950	NAME OF CEMETERY OR CREMATORY: Arlington National	LOCATION (City, town, or county) (State): Arlington, Virginia
DATE REC'D BY LOCAL REG.: July 18, 1950	REGISTRAR'S SIGNATURE: Edith Whittington	24. FUNERAL DIRECTOR: Wastler Funeral Home, 301 East Capitol St., Washington, D.C.	ADDRESS

Lloyd W. Wastler

60297

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

RECEIVED
JUL 19 1950
BUREAU V. S.

Rico

MARYLAND STATE DEPARTMENT OF HEALTH

07364

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place): 5 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 9716 Omaha Parkway

3. NAME OF DECEASED (Type or Print): (First) Baby boy (Middle) (Last) Ricci #1

4. DATE OF DEATH: (Month) July (Day) 31 (Year) 1950

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): newborn

8. DATE OF BIRTH: July 31 50

9. AGE last birthday: yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min. 50

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Anthony W. Ricci

14. MOTHER'S MAIDEN NAME: Dora Mangarelli

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia -

762.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

161.0 (b) Hydramnios

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 31, 1950, to July 31, 1950, that I last saw the deceased alive on July 31, 1950, and that death occurred at 5:15 P. m., from the causes and on the date stated above.

SIGNATURE: Frank B. Leslie — (Degree or title) M.D. — ADDRESS: 9001 Georgia Ave. Silver Spring Md — DATE SIGNED: July 31, 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Aug 1, 1950 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cem. — LOCATION (City, town, or county) (State): Suitland, Md.

DATE REC'D BY LOCAL REG. 8-1-50 — REGISTRAR'S SIGNATURE: Helen Kurnath

24. FUNERAL DIRECTOR: J. Wm Lee's Sons Co — ADDRESS: 300 - 4th St. S.E. Wash. D.C.

2-1-7-31-0-35-3-D-21

RECEIVED
AUG 7 1950
BUREAU T. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. 415

07365

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 6 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospt. 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 301 - 1st. St.

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) C. (Last) ROBERTSON

4. DATE OF DEATH (Month) July (Day) 22. (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 22 Sept. 1892

9. AGE last birthday 57 yrs. If under 1 year Months 10 Days 0 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Montg. Co., Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Phillip Case

14. MOTHER'S MAIDEN NAME Harriet Ray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Cooke A. Robertson 301-1st.St Rockville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	20 hours
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive heart Disease	15 years
93d	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 July, 1950, to 22 July, 1950, that I last saw the deceased alive on 21 July, 1950, and that death occurred at 12:25 A m., from the causes and on the date stated above.

SIGNATURE W S Murphy (Degree or title) MD ADDRESS Rockville Md DATE SIGNED 22 July '50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 24 Jul. 1950

NAME OF CEMETERY OR CREMATORY Rockville Union

LOCATION (City, town, or county) (State) Rockville, Maryland

DATE REC'D BY LOCAL REG. 7-23-50

REGISTRAR'S SIGNATURE Helen Kurvach

24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

RECEIVED
JUL 27 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07366

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY MONTGOMERY; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place) 6 Mon.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9100 OLD GEORGETOWN Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 6707 - 46th. St.

3. NAME OF DECEASED (Type or Print): (First) GRACE (Middle) LARAWAY (Last) SANFORD
4. DATE OF DEATH: (Month) JULY (Day) 18 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W		SEP. 9, 1858	91 yrs.		10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): NEW YORK
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Laraway
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Raymond L. Sanford 6707-46th St. Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.0 Immediate cause	(a) CARDIAC FAILURE	12 HRS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 186a	(b) ARTERIO SCLEROTIC HEART DISEASE	10 YEARS
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. FRACTURE OF RIGHT FEMUR — 3 MONTHS

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL 1, 1950, to JULY 18, 1950, that I last saw the deceased alive on JULY 16, 1950, and that death occurred at 11:58 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Frederick W. Coe M.D. 1150 CONN. AVE., WASH. 6, D.C. July 18, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	18 July 1950	Cedar Hill Crematory	Prince George Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-18-50	Helen Kurweb	Robert A. Pumphrey	Bethesda, Md.

RECEIVED
JUL 21 1950
BUREAU V. S.

Evidence for change of birth date shown On:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07367

CERTIFICATE OF DEATH

FILM No. G 127 AUG 14 1950

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 209 Melbourne Ave

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	LESLIE	JANET	SEATON	July	29	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Female	White	married	May 11, 1884	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	Housework	Va	U.S.A.

13. FATHER'S NAME: Thompson

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		—	Maurice J Seaton 209 Melbourne Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Coronary Occlusion	2 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart disease	5 yrs
	(c) Hypertension	10 yrs

420.0
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Sept 10, 1945, to July 29, 1950, that I last saw the deceased alive on July 29, 1950, and that death occurred at 1:20 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Francis L Richardson	M.D	7717 Alaska Ave N.W. Wash. D.C.	7/29/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 1 1950	Middleburg Va	Middleburg Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 31/50	Frances Potter	Deal Funeral Home	4812 Ga Ave Wash. D.C.

RECEIVED
AUG 3 1950
BUREAU V. B

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07368

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 5½ hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location) 2720 Wisconson Ave N.W.

3. NAME OF DECEASED (Type or Print) (First) Herbert (Middle) Carter (Last) Smathers

4. DATE OF DEATH (Month) 7 (Day) 10 (Year) 1950

5. SEX Male
6. COLOR OR RACE Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH April 18, 1884
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Dentist
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Clyde North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles L. Smathers
14. MOTHER'S MAIDEN NAME Margret Caldwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Infarction	12 hours
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary occlusion	12 hours
94a	(c) Generalized arteriosclerosis	10 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1949, to July 10, 1950, that I last saw the deceased alive on July 10, 1950, and that death occurred at 11.50 Am., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arthur E Coyne M.D. ADDRESS Takoma Park Md DATE SIGNED 7-10-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-13-50
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery
LOCATION (City, town, or county) Bladensburg Rd (State) Md.

DATE REC'D BY LOCAL REG. 7/11/50
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Martin W Hysong Co ADDRESS 1300 N.S.C.N.W.

V1292

RECEIVED
JUL 13 1950
BUREAU V. R.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07369

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural — LENGTH OF STAY (in this place) 1 mo 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 223 Orange Street, SE,

3. NAME OF DECEASED (Type or Print): (First) Jasper (Middle) Alexander (Last) SOLOMON

4. DATE OF DEATH: (Month) July (Day) 11, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 10, 1894

9. AGE last birthday: 56 yrs. — If under 1 year: Months 00, Days 01 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steam Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Various Hotels

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Moses A. SOLOMON

14. MOTHER'S MAIDEN NAME: Mary E. DUGGAR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES — (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. - - -

17. INFORMANT AND ADDRESS: Wife: Lily M. SOLOMON

18. MEDICAL CERTIFICATION — Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Subacute bacterial endocarditis — Interval between onset and death: 16 days

608X
91a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) perinecthal abscess (perineum) — 1 mo. 8 days
(c) Stricture urethra — 14 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 8, 1950, to July 11, 1950, that I last saw the deceased alive on July 11, 1950, and that death occurred at 1:04 P m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title): J. S. HANSEN, CDR, MC, USN — ADDRESS: U.S. NAVAL HOSPITAL — DATE SIGNED: July 12, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 14, 1950 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: July 12, 1950 — REGISTRAR'S SIGNATURE: Edith WHITTINGTON

24. FUNERAL DIRECTOR — ADDRESS: W. W. Chambers, 1400 Chapin St., NW, Washington, D. C.

35687

RECEIVED
JUL 13 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07370

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Montgomery COUNTY Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Md.
STREET ADDRESS (If rural give location) 5533 River Rd.,

3. NAME OF DECEASED (Type or Print) (First) HERBERT (Middle) LOUIS (Last) SOLYOM

4. DATE OF DEATH (Month) July (Day) 27 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH About 1877

9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Charles L. Solyom

14. MOTHER'S MAIDEN NAME Sarah Good

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Mrs. Judith Turnbull

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Cardiac Decompensation	10 days
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary thrombosis	3 yrs
		(c) Generalized arteriosclerosis	20 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 22, 1945, to July 27, 1950, that I last saw the deceased alive on July 26, 1950, and that death occurred at 9 a.m. m., from the causes and on the date stated above.

SIGNATURE John Reed, M.D. (Degree or title) ADDRESS 1720 Conn Ave N.W. Wash. DC DATE SIGNED 7/27/50

23. BURIAL, CREMATION REMOVAL (Specify) Cremation

DATE THEREOF July 28, 1950

NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

LOCATION (City, town, or county) (State) Suitland Rd., Md.

DATE REC'D BY LOCAL REG. 7-27-50

REGISTRAR'S SIGNATURE Helen Hurwoody

24. FUNERAL DIRECTOR Cheng Chase Funeral Home

ADDRESS 5101 Wis., Ave., N.W. Washington, D.C.

XVX99

RECEIVED
AUG 1 1950
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07371

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

1. PLACE OF DEATH
COUNTY: Montgomery
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (In this place): 18 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1007 Noyes Drive

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 1007 Noyes Drive

3. NAME OF DECEASED (Type or Print): (First) Frederic (Middle) (Last) Spanagel

4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 16, 1889

9. AGE last birthday: 60 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Baking Co.

11. BIRTHPLACE (State or foreign country): Birmingham, Alabama

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: August Spanagel

14. MOTHER'S MAIDEN NAME: Anna Dreyfuss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 578-07-5653

17. INFORMANT: Mrs. Hazele Baile Spanagel

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
(c)

420.1
94a

INTERVAL BETWEEN ONSET AND DEATH: 2 mnd dead in bed

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Frank J. Bouchart M.D.
ADDRESS: Gaithersburg Md.
DATE SIGNED: 7-29-50

23. BURIAL, CREMATION REMOVAL (Specify): Trans. & Burial
DATE THEREOF: July 31, 1950
NAME OF CEMETERY OR CREMATORY: Elmwood
LOCATION (City, town, or county) (State): Birmingham, Alabama

DATE REC'D BY LOCAL REG.: July 31/50
REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Warner E. Pumphrey
ADDRESS: Silver Spring, Maryland

27861

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 3 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07372

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural; LENGTH OF STAY (in this place) 26 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. of Columbia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 490 F Street, SW

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Paul	Stewart	STEFANEL		July	18	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Oct. 15, 1915	34 yrs.	09	03		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Plumber	Various Govt.	District of Columbia	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Paul STEFANEL	Elton RILEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
YES WW II	- - - -	Wife: Miriam STEFANEL, 348 South Main St., Phillipsburg, N. J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic Heart Disease	2-3 yrs
4200 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 22, 1950 to July 18, 1950, that I last saw the deceased alive on July 18, 1950 and that death occurred at 6:05 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. J. Mc Carthy	LTJG, MC, USN	U.S. NAVAL HOSPITAL	July 19, 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 21, 1950	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
July 19, 1950	Edith Worthington	W.W. Chambers, 3072 M Street, NW, Washington, D.C. ADP 34897

RECEIVED
JUL 21 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

Stein 07373

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rest Home 9200 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural, give location) 8914 Mohawk Lane

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) SCOTT (Last) STEIN

4. DATE OF DEATH (Month) July (Day) 10 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Feb. 11, 1879

9. AGE last birthday 71 yrs. If under 1 year: Months 4 Days 29 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Adv & Printing

10b. KIND OF BUSINESS OR INDUSTRY Printing

11. BIRTHPLACE (State or foreign country) Wisconsin

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Rev. Dr. F.S. Stein

14. MOTHER'S MAIDEN NAME Frances Ainsworth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No. 579-40-4182

17. INFORMANT AND ADDRESS Mrs. W.S. Stein- 8914 Mohawk Lane Bethesda, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Broncho-pneumonia	48 hrs.
177X Antecedent cause(s)		
51b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Prostate	2 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION July 21, 1948

19b. MAJOR FINDINGS OF OPERATION Carcinoma of Prostate

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 21, 1948, to June 10, 1950, that I last saw the deceased alive on July 10, 1950, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

SIGNATURE Sidney C. Cousins (Degree or title) M.D. ADDRESS 3921 Ingomar St. N.W. DATE SIGNED 7-11-50

23. BURIAL, CREMATION REMOVAL (Specify) Cremation

DATE 7/11/50

NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory

LOCATION (City, town, or county) Suitland (State) Maryland

DATE REC'D BY LOCAL REG. 7-11-50

REGISTRAR'S SIGNATURE Helen Kurvack

24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

XVX 14

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JUL 14 1950
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07374

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place): 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Dist. of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1626 Rhode Island Ave., NW

3. NAME OF DECEASED (Type or Print): (First) Lynda (Middle) Nel Ray (Last) STETLER
4. DATE OF DEATH: (Month) July (Day) 20, (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: July 11, 1950
9. AGE last birthday: 00 yrs. — If under 1 year: Months 00, Days 09 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - - -
10b. KIND OF BUSINESS OR INDUSTRY: - - - -
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: LeRoy F. STETLER
14. MOTHER'S MAIDEN NAME: Ethel Louise LOTZ
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service) - - -
16. SOCIAL SECURITY No.: - - - - -
17. INFORMANT AND ADDRESS: Mother: Ethel L. STETLER

18. MEDICAL CERTIFICATION Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

776x

Immediate cause (a) Immaturity

159

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Premature delivery——30 wks gestation

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 11, 1950, to July 20, 1950, that I last saw the deceased alive on July 20, 1950, and that death occurred at 5:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED

R R Barton Lt(19) MC USN / for
L. M. HARRIS, CAPTAIN, MC, USN U.S. NAVAL HOSPITAL — July 21, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 25, 1950 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: July 21, 1950 — REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR — ADDRESS: Robert A. Pumphrey Funeral Home, 7557 Wisconsin Ave., Bethesda, Md.

2-0-7-11-0-26-4-32-1

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BUREAU, V. S.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07375

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 10 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 400 Browning ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 400 Browning ave

3. NAME OF DECEASED (Type or Print) (First) Alice (Middle) Mary (Last) Stokley
4. DATE OF DEATH (Month) July (Day) 16 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH July 24th 1890
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Ronald Asheton
14. MOTHER'S MAIDEN NAME Adamson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs Mildred Dabney - 400 Browning ave Takoma Park, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Metastatic Carcinoma	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of right breast.	5 yrs
	(c)	

170x
50

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Sept. 1945
19b. MAJOR FINDINGS OF OPERATION Carcinoma - right breast
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 2, 1950, to July 16, 1950, that I last saw the deceased alive on July 15, 1950, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) J Marion Bankhead M.D.
ADDRESS 9601 Sutton pl. Silver Spring, Md
DATE SIGNED 7/16/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/19/50
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington County, Va.

DATE REC'D BY LOCAL REG. 7/18/50
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Warner E. Pumphrey, ADDRESS Silver Spring, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07376

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (in this place) 2 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS 511 Sligo Parkway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE South Carolina; COUNTY Greenville; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenville; STREET ADDRESS (If rural, give location) 18 Manly Street

3. NAME OF DECEASED (Type or Print): (First) Leola (Middle) Mae Dayle (Last) Stoner

4. DATE OF DEATH: (Month) July (Day) 9 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 21, 1903

9. AGE last birthday: 46 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse

10b. KIND OF BUSINESS OR INDUSTRY: Medical

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Henry STONER

14. MOTHER'S MAIDEN NAME: Carrie Lois KISSELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Marjorie Ellen (Stoner) GIBSON

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 8 months

		Interval Between Onset and Death
Immediate cause	(a) Auricular Fibrillation & Acute Cardiac Decompensation	2 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (410X 92b)	(b) Mitral Stenosis	25 yrs.
	(c) Rheumatic Heart Disease	29 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ptosis of Rt. Kidney & Rt. Ureteral Stricture 13 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1950, to July 9, 1950; that I last saw the deceased alive on July 9, 1950, and that death occurred at 1/15 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Walcott W. Gibson, M.D. 1503 Good Hope Rd. S.E., Washington 20, DC 7-9-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: July 12 '50; NAME OF CEMETERY OR CREMATORY: Riverside Cemetery; LOCATION (City, town, or county) (State): Attica, Indiana

DATE REC'D BY LOCAL REG. 7/9/50; REGISTRAR'S SIGNATURE: J. Hilton Dodd

24. FUNERAL DIRECTOR ADDRESS: G. Arthur Walters, 254 Carroll St. NW

V3692 Wash. 12 DC

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JUL 11 1950
BUREAU V. S.

Evidence for addition in 18 shown on:

FILM No. G 129 NOV 9 1950

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D.C.
STREET ADDRESS (If rural, give location): 610 H Street - S.W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Frederick	Charles	Thom	July	13	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Widower	Sept. 6 1889	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk - Typist
10b. KIND OF BUSINESS OR INDUSTRY: Marvins Inc.
11. BIRTHPLACE (State or foreign country): New York N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles A. Thom
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY No.: 154-14-0279
17. INFORMANT AND ADDRESS: Washington Sanitarium Records (11-9-50 - ams)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Primary site: Adrenal Gland

Immediate cause (a): Carcinoma, diffuse, involving liver,

195X Antecedent cause(s)

55a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): lungs, mediastinal and pre-aortic nodes; right and left adrenal.

(c): Primary site awaiting microscopic; probably left adrenal

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: jaundice, severe; generalized arteriosclerosis.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 10, 1950, to July 13, 1950, that I last saw the deceased alive on July 12, 1950, and that death occurred at 5:45 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Herman J. Slate	M.D.	607 Prince St., Alex., Va.	7-13-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	7/13/50	Cedar Hill Cem.	Ft Geoyer Po.	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/13/50	J. Holmes Dodd	J. Arthur Walters	254 Carroll St. NW Wash DC

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JUL 17 1950
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07578

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural; LENGTH OF STAY (in this place) 11 mo 25 da; HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. of Columbia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 7019 Georgia Avenue, NW

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Richard	Maley	THOMAS	July	14,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	July 12,1878	72 yrs.	00	02		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lawyer	- - -	Missouri	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John THOMAS	Elizabeth PIPKIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
YES	SpAmer	- - - -	Wife: Anna THOMAS

18. MEDICAL CERTIFICATION — Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

204.1 **Immediate cause** (a) Myelogenous leukemia — Interval between onset and death: 3yrs

74a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jul 19, 1949, to Jul 14, 1950, that I last saw the deceased alive on Jul 14, 1950, and that death occurred at 9:15 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. J. DEMPSEY	LTJG, MC, USNR	U.S. NAVAL HOSPITAL	July 14,1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	Jul 15,1950	Cedar Hill Crematory	Suitland, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 14, 1950	Edwd Whittington	Chevy Chase Funeral Home	5103 Wisconsin Ave., NW, Washington, DC

VS. A15

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07379

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8310 - 16th St., Apt. 115

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 8310 - 16th St., Apt. 115

3. NAME OF DECEASED (Type or Print) (First) Ruth (Middle) S (Last) Thomas

4. DATE OF DEATH (Month) July (Day) 11 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Feb. 22, 1883

9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Redwing, Minnesota

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Frederick Taake

14. MOTHER'S MAIDEN NAME Olivia Eames

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Miss Margaret E. Thomas-dtr- 8310-16th St. Apt. 115

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

151X Immediate cause (a) Carcinoma of stomach with general metastases — 1½ yrs

46A Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) metastases

(c) (attended by D.C. physician not licensed in Maryland)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Brocchart M.D. (Degree or title) ADDRESS Gaithersburg Md DATE SIGNED 7-12-50

23. BURIAL, CREMATION REMOVAL (Specify) Cremation

DATE THEREOF July 14, 1950

NAME OF CEMETERY OR CREMATORY Ft. Lincoln Crematory

LOCATION (City, town, or county) (State) Prince Geo. County, Md.

DATE REC'D BY LOCAL REG. 7/17/50

REGISTRAR'S SIGNATURE Francis Potter

24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS Silver Spring, Maryland

RECEIVED
JUL 15 1950
BUREAU F. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07389

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN —
LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9503 Thornhill Road, S.S., Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring,
STREET ADDRESS (If rural, give location) 9503 Thornhill Road

3. NAME OF DECEASED (Type or Print): (First) Etta (Middle) J (Last) Trussell

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 22, 1871

9. AGE last birthday: 79 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Underwood

14. MOTHER'S MAIDEN NAME: Georgie Burr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Daughter: Mrs. Audrey V. Stout-9503 Thornhill Rd.S.S. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
413x	Immediate cause	(a) Nonspecific bronchitis Chronic	2 months
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardiac disease	5 yrs
		(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1944, to July 3, 1950, that I last saw the deceased alive on July 3, 1950, and that death occurred at 9:32 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
John N. Andrews M.D. 960 Colesville Rd Silver Spring 7-4-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 7/7/50 — NAME OF CEMETERY OR CREMATORY: Chestnut Grove Cemetery — LOCATION (City, town, or county) (State): Herndon, Fairfax Co. Virginia

DATE REC'D BY LOCAL REG.: 7-7-50 — REGISTRAR'S SIGNATURE: Frances Potter — 24. FUNERAL DIRECTOR — ADDRESS: Werner E. Pumphrey, Silver Spring, Md.

VS. A15

RECEIVED
JUL 10 1950
BUREAU V. S.

07381

Evidence for corrections in #3,8,9,13,14,16 shown on:

FILM No. G 1 2 JUL 17 1950

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

M

*LL 8/8/50

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Glen, Md.,
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2515 Holman Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring,
STREET ADDRESS (If rural, give location) 2103 Hildarose Drive

3. NAME OF DECEASED (Type or Print) (First) EDGAR VAN OSTROW (Middle) M. (Last) Van Nostran

4. DATE OF DEATH (Month) July (Day) 3, (Year) 1950 19

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH May 10, 1873

9. AGE last birthday ~~76~~ 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elec./Plumber/Contractor (retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME * William H. Van Ostrow Van Nostran

14. MOTHER'S MAIDEN NAME Mahalys Mullis Emily Matilda Mullis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 342-14-0416A

17. INFORMANT Miss Carr (Nursing Home records)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
422.2	Immediate cause	(a) Acute cardiac dilitation	1 hr.
93e	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) myocarditis	3 days
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 7-3-50

23. BURIAL, CREMATION REMOVAL (Specify) Transportation & burial DATE THEREOF 7/3/50 NAME OF CEMETERY OR CREMATORY Unknown LOCATION (City, town, or county) Wabash, Wabash Co., (State) Indiana

DATE REC'D BY LOCAL REG. 7/5/50 REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Georgia Ave., Silver Spring, Md.

314 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15A

T

RECEIVED
JUL 10 1980
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07382

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural; LENGTH OF STAY (in this place) 13 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. of Columbia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 5330 Colorado Avenue, NW

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lewis	Dreher	WALKER	July	14,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	June 3,1883	67 yrs.	01	11		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Army Exchange Ser.	US Gov't	Pennsylvania	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Abram S. WALKER	Hannah FINLETTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
YES	WW I	- - - -	Wife: Florence WALKER

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
199.1 Immediate cause	(a) Cachexia	4 hours +
55e Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Squamous Cell Carcinoma of Neck	1 year +
	(c) with local recurrence	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 1, 1950, to July 14 1950 that I last saw the deceased alive on July 14 1950, and that death occurred at 6:52 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
D. J. Doohen		
D. J. DOOHEN, LTJG, MC, USN	U.S. NAVAL HOSPITAL	July 14, 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 17, 1950	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
July 14, 1950	Edith Whittington	Warner E. Pumphrey, 8434 Georgia Ave., Silver Spring, Maryland

Warner E. Pumphrey Inc.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 17 1950
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07383

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Home - 4402 Elm St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
STREET ADDRESS (If rural, give location): 4402 Elm St.

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) HENRY (Last) WATERHOUSE

4. DATE OF DEATH: (Month) July (Day) 9, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 28 May 1870

9. AGE last birthday: 80 yrs. If under 1 year: Months 1, Days 11, If under 24 hrs.: Hours, Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Machinest

10b. KIND OF BUSINESS OR INDUSTRY: Tooles-Machine Shop

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Waterhouse

14. MOTHER'S MAIDEN NAME: Sarah Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs Sylvia Oberlander-Chevy Chase, Md. 4402 Elm St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer of prostate — Interval between onset and death: 4 yrs.

1771 Antecedent cause(s)

510 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At wnrk ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1947, to 7-9, 1950, that I last saw the deceased alive on 7-5, 1950, and that death occurred at 7:30 A.m., from the causes and on the date stated above.

SIGNATURE: Alb Benson (Degree or title): MD ADDRESS: 915 19th St N.W DATE SIGNED: 7-9-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial Transit

DATE: 11 July 1950

NAME OF CEMETERY OR CREMATORY: Stratford, Conn.

LOCATION (City, town, or county) (State): Stratford, Conn.

DATE REC'D BY LOCAL REG.: 7-9-50

REGISTRAR'S SIGNATURE: Helen Curroch

24. FUNERAL DIRECTOR: Robert L. Humphrey ADDRESS: Bethesda, Md.

32637

RECEIVED
JUL 12 1990
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07384

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON; STREET ADDRESS (If rural, give location) 7430 Georgia Ave., N.W.

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) Lee (Last) Whalen

4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1950

5. SEX: Fe

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 2-1-75

9. AGE last birthday: 75 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Leesburg Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: George T. Campbell

14. MOTHER'S MAIDEN NAME: Sara Elizabeth Beach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Washington Sanitarium Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 **Immediate cause** (a) Acute Coronary Infarction

Antecedent cause(s)

934 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease with Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Primary Atypical Pneumonitis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-12 ..., 1947, to 7-26 ..., 1950, that I last saw the deceased alive on 7-25 ..., 1950, and that death occurred at 4:20 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dean H. Hardisty M.D. 113 Carroll St N.W. Wash. D.C. 7-26-50

23. BURIAL, CREMATION, REMOVAL (Specify) DATE 7/28/50 NAME OF CEMETERY OR CREMATORY Congressional Cem LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 7/26/50 REGISTRAR'S SIGNATURE J. Warren Dodd

24. FUNERAL DIRECTOR 2901-14th St. N.W. ADDRESS The S.H. Hines Co. Wash. D.C.

RECEIVED
JUL 31 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07385

CERTIFICATE OF DEATH

Reg. Dist. No. 212

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boyd, RFD — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boyd. RFD
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) B (Last) WHITE

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 31-1870

9. AGE last birthday: 80 yrs.

If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant -

10b. KIND OF BUSINESS OR INDUSTRY: County Store

11. BIRTHPLACE (State or foreign country): Maryland -

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: John C. White

14. MOTHER'S MAIDEN NAME: Grace Bateler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Mrs Garrett Cooley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hydrostatic pneumonia	3 weeks
177 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 51b	(b) metastatis carcinoma	2 yrs.
	(c) Prostatic Carcinoma	3 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1946, to 28 July, 1950, that I last saw the deceased alive on 16 July, 1950, and that death occurred at 11.55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Fawcett M.D Boyd, Md 28 July 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7/30/50 — NAME OF CEMETERY OR CREMATORY: Monocacy — LOCATION (City, town, or county) (State): Beallsville, Md.

DATE REC'D BY LOCAL REG.: 7/29/50 — REGISTRAR'S SIGNATURE: Mrs. C. C. Hilton By Mrs. W. A.W. — 24. FUNERAL DIRECTOR: Wm. B. Hilton — ADDRESS: Barnesville Md.

15661

RECEIVED
AUG 4 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07386

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural; LENGTH OF STAY (in this place) 22 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. of Columbia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 5231 Massachusetts Ave., NW

3. NAME OF DECEASED (Type or Print): (First) Frank; (Middle) [illegible]; (Last) WHITEHEAD

4. DATE OF DEATH: (Month) July; (Day) 21; (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 4, 1888

9. AGE last birthday: 62 yrs. If under 1 year: Months 06; Days 17; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): US Marine Officer

10b. KIND OF BUSINESS OR INDUSTRY: Armed Forces

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Joseph WHITEHEAD

14. MOTHER'S MAIDEN NAME: Anna JARVIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW I II

16. SOCIAL SECURITY NO. - - - -

17. INFORMANT AND ADDRESS: Wife: Eleanor WHITEHEAD

18. MEDICAL CERTIFICATION: Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis, abdominal — Interval between onset and death: 14 mos.

191.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

55.2

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 29, 1950 to July 21, 1950, that I last saw the deceased alive on July 21, 1950, and that death occurred at 9:30 P m., from the causes and on the date stated above.

SIGNATURE: S. V. THOMPSON

(Degree or title): CDR, MC, USN

ADDRESS: U.S. NAVAL HOSPITAL

DATE SIGNED: July 22, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: July 25, 1950

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: July 22, 1950

REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR ADDRESS: S. H. Hines, 2901 14th Street, NW, Washington, D.C.

R. W. G. 11296

RECEIVED
JUL 25 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07387

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place): 5 mo 26 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Dist. of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 3927 Benton Street, NW

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) East (Last) Wilfert

4. DATE OF DEATH: (Month) July (Day) 4 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 23, 1893

9. AGE last birthday: 56 yrs. — If under 1 year: Months 08 Days 11 — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: US Government

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Charles WILFERT

14. MOTHER'S MAIDEN NAME: Julia Edna ANDERSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: - - - -

17. INFORMANT: Wife: Mae Elizabeth WILFERT

18. MEDICAL CERTIFICATION — Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	45 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 8, 1950, to July 4, 1950, that I last saw the deceased alive on July 4, 1950, and that death occurred at 5:05 P.m., from the causes and on the date stated above.

SIGNATURE: C. F. Lowry — (Degree or title): L. F. LOWRY, LT, MC, USN — ADDRESS: U. S. NAVAL HOSPITAL — DATE SIGNED: July 5, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: July 7, 1950 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: July 5, 1950 | REGISTRAR'S SIGNATURE: Edith WHITTINGTON

24. FUNERAL DIRECTOR — ADDRESS: W. W. Chambers, 3072 M Street, NW, Washington, D. C.

ADP 26697

RECEIVED
JUL 6 1950
BUREAU F. & S.

07388

213

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 212

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place) 1-4y-3m
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poolesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Tarr (Last) Willard

4. DATE OF DEATH: (Month) July (Day) 15 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1863 ?

9. AGE last birthday: 87 ? yrs. — If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Dr Chas Tarr

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Howard Spurrier, Rockesville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332x **Immediate cause** (a) Cerebral Thrombus — Interval Between Onset and Death: 24 hours

83b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 30 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to 15 July, 1950, that I last saw the deceased alive on 14 July, 1950, and that death occurred at 3:45 a.m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title): W S Murphy Md — ADDRESS: Rockville Md — DATE SIGNED: 15 July 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 7/16/50 — NAME OF CEMETERY OR CREMATORY: Monocacy — LOCATION (City, town, or county) (State): Beallsville

DATE REC'D BY LOCAL REG. 7/17/50 — REGISTRAR'S SIGNATURE: ~~Mrs. C. B.~~ Helton By Mrs. C.B.H. Mrs. Peggy Veasey

24. FUNERAL DIRECTOR AND ADDRESS: William B. Wilson, Barnesville Md

RECEIVED
JUL 24 1950
BUREAU V. S

Evidence for addition as shown in #18

07389

FILM No. G 127 AUG 23 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH COUNTY: Montgomery Co. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE COUNTY: District of Columbia
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park — LENGTH OF STAY (in this place): 3½ days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium + Hospital	STREET ADDRESS (If rural, give location): 1750 16th St N.W.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Elizabeth Williamson	4. DATE OF DEATH (Month) (Day) (Year): July 28 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Fe	White	Single	8-6-79	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Baltimore, Md	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James O'Law Williamson		14. MOTHER'S MAIDEN NAME: Margaret Jane Williamson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Washington Sanitarium Records	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

590X Immediate cause (a) Acute Renal Failure cause undetermined — ?

130 Antecedent cause(s) (b) Acute Nephritis (8/22/50 a.m.s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☑ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-24, 1950, to 7-28, 1950, that I last saw the deceased alive on 7-27, 1950, and that death occurred at 1:51 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dr. Voe K. Meade M.D.		Takoma Park 12, Md.	7-28-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	7/31/50	Loudon Park	Baltimore	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/28/50	J. Wilson Dodd	J. Wm Lee's Sons Co.	300 4th St N.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 1 1960
F. BRAU